

Linn 61458

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL # L 119458
START CARD # 206395
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. 5592
First Name _____ Last Name _____
Company Osprey Corner LLC
Address P.O. Box 717
City Jefferson State OR Zip 97352

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 63 ft.

BORE HOLE			SEAL			Amt	Sacks/lbs
Dia	From	To	Material	From	To		
16	0	65	Bentonite	0	18	60	S
					Calculated	18	
					Calculated		

How was seal placed: Method A B C D E
 Other. Poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 12 2 60 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From 0 To 59

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing/Liner Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	12	19	59	.375	11	1,000

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 600 Drawdown _____ Drill stem/Pump depth 62 Duration (hr) 1
Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 160
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LINN Twp 11 S N/S Range 2 W E/W WM
Sec 5 NE 1/4 of the SE 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
36381 Allbee Ln. SE - Albany, OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Completed Well	Date	SWL (psi)	+ SWL (ft)
	09-24-2015		14

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 19

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
09-24-2015	19	30	50		14
09-24-2015	30	50	200		14
09-24-2015	50	65	350		14

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	12
Cemented sand & gravel	12	30
Brown sand	30	45
Cemented sand & gravel	45	50
Blue sand & gravel	50	70
Hole caved back to 63'		
Allowed to naturally cave behind the casing from 18' - 60'		
JONES DRILLING CO., INC. RECEIVED BY OWRD		
29400 SANTIAM HWY.		
LEBANON, OR 97355		
541-367-2560 541-451-2686		
1-800-915-8388		
NOV 02 2015		
SALEM, OR		

Date Started 09-23-2015 Completed 09-24-2015

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1888 Date 10-06-2015
Signed *Kerr Gullett*

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 1684 Date 10-06-2015
Signed *[Signature]* RECEIVED BY OWRD
Contact Info (optional) jonesdrilling@hotmail.com