

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

LINN 62180

WELL I.D. LABEL# L 126084
 START CARD # 214260
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. DR-3286
 First Name _____ Last Name _____
 Company CONSER HOMES INC
 Address 1010 AIRPORT RO.
 City ALBANY State ORE Zip 97322

(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 142 ft.
 BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
10"	0	60	CEMENT	5	20	7	500
8"	60	158				Calculated	5.1
6"	158	342	CEMENT	142	342	27	500
						Calculated	28

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 0 ft. to 5 ft. Material BENTONITE
 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6"	0	162	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

 Shoe Inside Outside Other Location of shoe(s) 162'
 Temp casing Yes Dia 10" From 0 To 20'

(7) PERFORATIONS/SCREENS Perforations Method HOLTE
 Screens Type SLOT Material STEEL

Perf/Screen	Casing/Liner	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6"	24	139	1/4"	1"	2720	
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

15		135	1 HR.
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 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 205

From	To	Description	Amount	Units
314	320	1 GPM w/1140 TDS		
		SEALED OFF		

(9) LOCATION OF WELL (legal description) LINN 62180
 County LINN Twp 10 Range 3
 Sec 35 SE 1/4 of the SW 1/4 Tax Lot 602
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

NORTH OF SCHOOL ON SCRAVEL Hill Rd
ALBANY, OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	11-8-17		- 5'

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 24'

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
11-8-17	24	139	15 gpm		- 5'

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	1
CLAY - BROWN - SAND	1	7
CLAY - BROWN w/ GRAVEL	7	13
CLAY - GRAY w/ GRAVEL	13	15
SANDSTONE - GRAY	15	23
SANDSTONE - LT BLUE	23	53
SANDSTONE - DK GRAY	53	129
SANDSTONE - BLACK/GRAY	129	139
SANDSTONE - DK-GRAY	139	148
SANDSTONE - GRAY	148	233
SANDSTONE - MIXED	233	245
SANDSTONE - GRAY SOFT	245	314
SANDSTONE - BROWN/GRAY	314	320
SANDSTONE - DK GRAY	320	342

Date Started 10-30-17 Completed 11-8-17
 (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 1974 Date 11-21-17
 Signed C.J. Nugent RECEIVED BY OWRI

(bonded) Water Well Constructor Certification DEC 18 2017
 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 664 Date 11-21-17
 Signed Charles D. Nugent
 Contact Info (optional) _____