AMENDED 11/18/19

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

WELL I.D. LABEL# L 134776
START CARD # 1044667
ORIGINAL LOG #

LINN 62857

(1) LAND OWNER
Owner Well I.D. 6055
First Name _____ Last Name _____
Company Koos Seed Company
Address 38155 Scravel Hill Rd. NE
City Albany State OR Zip 97322

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other _____

(4) PROPOSED USE
[X] Domestic [X] Irrigation [] Community
[] Industrial/ Commericial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 54 ft.

BORE HOLE

Dia	From	To
16	0	90

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	18	32	S
		Calculated	24.5	
		Calculated		

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other Poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 18 ft. to 54 ft. Material Round rock Size 3/4x1/2
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
(•)	()	8	[X]	2	54	250	(•)	()	[X]	[]
()	()		[]				()	()	[]	[]
()	()		[]				()	()	[]	[]
()	()		[]				()	()	[]	[]
()	()		[]				()	()	[]	[]

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____
Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Torch cut & air perforator
Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing		21	54	.375	10	600	

(8) WELL TESTS: Minimum testing time is 1 hour
() Pump () Bailer (•) Air () Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10		50	1

Temperature 60 °F Lab analysis [] Yes By _____
Water quality concerns? [] Yes (describe below) TDS amount 239

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County LINN Twp 12 S N/S Range 2 W E/W WM
Sec 8 SW 1/4 of the NE 1/4 Tax Lot 600
Tax Map Number _____ Lot _____
Lat ___ ° ___ ' ___ " or _____ DMS or DD
Long ___ ° ___ ' ___ " or _____ DMS or DD
(•) Street address of well () Nearest address
36100 Hwy. 34 - Lebanon, OR 97355

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[]	
Completed Well	8-15-19		[]	17

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 37

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
08-15-2019	37	50	10			17

(11) WELL LOG
Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	10
Cemented gravel	10	34
Blue clay	34	37
Black cemented gravel	37	42
Blue clay	42	45
Black gravel cemented	45	50
Blue clay	50	75
Blue gray sandstone	75	90
Naturally caved from 90' to 54'		

RECEIVED NOV 14 2019 OWRD
RECEIVED SEP 30 2019 OWRD

Date Started 08-09-2019 Completed 08-15 2019

(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 1411 Date 09-13-2019
Signed _____

(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 7064 Date 09-13-2019
Signed _____
Contact Info (optional) jonesdrilling@hotmail.com

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95