

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

WELL I.D. LABEL# L 134777
START CARD # 1044173
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 6035

First Name _____ Last Name _____
Company Koos Seed Company
Address 38155 Scravel Hill Rd. NE
City Albany State OR 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 79 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	0	110	Bentonite	0	18	17	S
						Calculated	14.2
						Calculated	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 18 ft. to 79 ft. Material washed 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
☒	☐	12	☒	2	79	250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☒ Yes Dia 16 From 0 To 80

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut

Screens Type		Material					
Perf/S	Casing/Screen	Scrn/slot	Slot	# of	Tele/		
Perf	Casing	Dia	From	To	width	length	slots
			19	79	.375	12	540

(8) WELL TESTS: Minimum testing time is 1 hour

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50	57	65	1.5

Temperature 61 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 169

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	08-22-2019			6
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 46

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
08-22-2019	46	70	50			6

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	10
Cemented gravel	10	40
Grey clay w/some rock	40	46
Black gravel cemented	46	52
Black coarse sand cemented	52	54
Black gravel cemented	54	70
Blue clay	70	105
Blue gray sandstone	105	110

Naturally caved from to 79'

RECEIVED

SEP 30 2019

OWRD

Date Started 08-16-2019

Completed 08-22-2019

(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 1684 Date 09-13-2019

Signed _____

Contact Info (optional) jonesdrilling@hotmail.com