

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

LINN 63229

WELL I.D. LABEL# L	137191
START CARD #	1048111
ORIGINAL LOG #	

(1) LAND OWNER
 Owner Well I.D. 6132
 First Name William Last Name Radke
 Company _____
 Address P.O. Box 15
 City Shedd State OR Zip 97377

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

(2a) PRE-ALTERATION
 Casing:

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Seal:

Material	From	To	Amt	sacks/lbs

(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 40 ft.
 BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
16	1	19	Bentonite	0	39	52	S
12	19	40			Calculated	15	
					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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	1	39.5	250	<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"/>	<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) _____
 Temp casing Yes Dia 16 From 0 To 38

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

Perf/S	Casing/Screen	Perf	Liner	Dia	From	To	Scr/slot	Slot	# of	Tele/
green							width	length	slots	pipe size
	Casing	12		19		39.5	.375	10	400	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400		40	1

 Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 97

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County LINN Twp 11 S N/S Range 4 W E/W WM
 Sec 31 NW 1/4 of the SE 1/4 Tax Lot 1100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Behi8nd Whispering Pines Mobile Home Park Hwy. 34 - Corvallis, OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	09-02-2020			15

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 15

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-02-2020	15	35	400			15

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	1	2
Brown sandy loam	2	5
Brown clay	5	10
Cemented sand & gravel	10	15
Sand & gravel	15	35
Blue clay	35	40

RECEIVED
JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
SEP 11 2020
OWRD

Date Started 09-01-2020 Completed 09-02-2020

(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 09-05-2020
 Signed [Signature]

(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 09-05-2020
 Signed [Signature]
 Contact Info (optional) jonesdrilling@hotmail.com