LINN 64220

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

RECEIVED
JUN 05 2023
OWRD

WELL I.D. LABEL# L 147748
START CARD # 1061306
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 6481
First Name _____ Last Name _____
Company DLF USA
Address P.O. Box 229
City Halsey State OR Zip 97348

(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 [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 135 ft.

BORE HOLE

Dia	From	To
10	0	30
6	30	135

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	30	26	S
		Calculated	15	
		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 _____ 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
●	○	6	X	1	119	.250	●	○	X	
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) _____
Temp casing [X] Yes Dia 10 From 1 To 19

(7) PERFORATIONS/SCREENS

Perforations Method Holte 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	6	80	118	.125	1	760	

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

( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		128	1

Temperature 61 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below) TDS amount 55 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 12 S N/S Range 3 W E/W WM
Sec 1 SE 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number _____ Lot _____
Lat ° ' " or 44.549 DMS or DD
Long ° ' " or -122.99 DMS or DD
(●) Street address of well ( ) Nearest address
33080 Red Bridge Rd. SE - Albany, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	05-30-2023			16

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 20

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
05-30-2023	20	110	30			16
05-30-2023	130	135	70			16

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	12
Sand & gravel w/cobbles	12	20
Dirty sand & gravel	20	60
Grey sand & gravel	60	110
Brittle grey clay	110	125
Wood	125	130
Black sand w/some gravel	130	135

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

Date Started 05-30-2023 Completed 05-30-2023

(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 2050 Date 06-01-2023
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 06-01-2023
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

Oregon Water Resources Department
Groundwater Use Recording Mapping Tool

725 Summer St NE, Sale

Step 1: Search for Well

Step 2: Create Well Map

Mark Well Point and Create Map:

Zoom in closer to the well location, if needed.
Mark the location of the well by either of these two methods:

A. Drawing on the map using the draw tool

Click on Icon and draw a point on the map

B. Type in the GPS Decimal Degrees:

GPS Latitude:	44.549
GPS Longitude:	-122.99

Mark Point | Clear Point

Converter

Results:

Latitude: 44.549
Longitude:-122.99

Complete the form:

Submitted by:	
Address of Well:	
City:	
Special Notes:	

Make Map

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