

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

LINN 64310

WELL I.D. LABEL# L

150451

START CARD #

1071176

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

9/7/2023

(1) LAND OWNER

Owner Well I.D. DR-3689

First Name KYLELast Name SPURLIN

Company _____

Address 28637 7 MILE LANECity BROWNSVILLE State OR Zip 97327**(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

Seal:

Material	From	To	Amt	sacks/lbs

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☒ Other UNDER-REAMING
(4) PROPOSED USE
☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____
(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 199.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	19	Bentonite	0	19	11	S
8	19	199			Calculated	10.77	
					Calculated		

Seal placement 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: ☐ Type _____ Amount _____Seal Placement Begin Date 9/5/2023 Begin Time 11 30**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
8								

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 199

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENSPerforations Method Holte Air Perforator

Screens		Type	Material				
Perf/	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots
Perf	Casing	8	75	133	.25	1	2088
Perf	Casing	8	175	192	.25	1	612

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
450		195	2

Temperature 53 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 154 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County LINN Twp 12.00 S N/S Range 3.00 W E/W WMSec 9 SE 1/4 of the NE 1/4 Tax Lot 201

Tax Map Number _____ Lot _____

Lat _____ " or 44.54274487 DMS or DDLong _____ " or -123.04980939 DMS or DD☒ Street address of well ☐ Nearest address33010 7 MILE LANETANGENT OR. 97389**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>9/7/2023</u>			<u>24</u>
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 74.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/7/2023	74	139	200			24
9/7/2023	139	199	250			24

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Clay Brown Sticky	2	16
Clay Brown w/ Some Gravel	16	27
Gravel w/ Clay Dirty Brown	27	48
Sand Brown Silty	48	56
Clay Gray w/ Gravel	56	58
Sand Blue w/ Gravel & Clay	58	64
Clay Gray Soft/Silty w/ Gravel	64	74
Gravel w/ Some Sand Blue	74	132
Clay Brown Silty w/ Gravel	132	135
Clay Gray Sandy w/ Gravel	135	165
Sand Black Packed	165	174
Gravel w/ Sand Blue	174	189
Clay Gray w/ Wood & Gravel	189	192
Clay Brown Soft w/ Gravel	192	194
Clay Gray Soft/Sandy w/ Some Gravel	194	199

Construction

Begin Date 9/5/2023 Begin Time 10 00 End Date 9/7/2023**(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 1974 Date 9/7/2023Signed CJ NUGENT (E-filed)**(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 664 Date 9/7/2023Signed CHARLES NUGENT (E-filed)Contact Info (optional) Nugent Drilling Co. Lebanon Oregon

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

GPM is Approximate. Well would need a pump test to determine exact yield.
Water was very clean but had Sulfur.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

LINN 64310

9/7/2023

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.54274487 Datum: WGS84

Longitude: -123.04980939

Township/Range/Section/Quarter-Quarter Section:
WM12.00S3.00W9SENE

Address of Well:

330 10 7 MILE LANE
TANGENT OR. 97389

Well Label: 150451

Printed: September 7, 2023

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

