

STATE OF OREGON
WATER SUPPLY WELL REPORT

LINN 64529

WELL I.D. LABEL# L

152775

START CARD #

1074612

ORIGINAL LOG #

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

8/8/2024

(1) LAND OWNER

Owner Well I.D. 6605

First Name BILLLast Name RADKE

Company _____

Address 31014 GREEN VALLEY RD.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

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 110.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	18	Bentonite	0	18	66	S
8	18	100			Calculated	10	
6	100	135			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 8/1/2024 Begin Time 08 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	8	☒	1	99	0.250	ST	☒			

Temp casing ☒ Yes Dia 12 From + ☒ 2 To 18**(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	8	20	65	.125	1	1800	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	225		100	1

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 117 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)County LINN Twp 13.00 S N/S Range 3.00 W E/W WMSec 16 SE 1/4 of the SW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ " or 44.43417400 DMS or DDLong _____ " or -123.06307900 DMS or DD☐ Street address of well ☒ Nearest addressROBERTS RD. - SHEDD, OR**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>8/2/2024</u>			<u>9</u>
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 12.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

<u>7/31/2024</u>	<u>12</u>	<u>65</u>	<u>75</u>		<u>9</u>
<u>8/2/2024</u>	<u>110</u>	<u>135</u>	<u>150</u>		<u>9</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	1
Brown clay	1	18
Brown sand & gravel	18	20
Brown sand w/small gravel	20	36
Grey sand w/medium gravel	36	65
Yellow clay	65	77
Grey clay	77	110
Grey sand & gravel	110	135

Construction

Begin Date 7/31/2024 Begin Time 16 00 End Date 8/2/2024**(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 _____ Date _____

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 8/8/2024Signed BRET JONES (E-filed)Drilling Company: JONES DRILLING CO., INC.

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.

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

LINN 64529

8/8/2024

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: 44.43417400 Datum: WGS84

Longitude: -123.06307900

Township/Range/Section/Quarter-Quarter Section:
WM13.00S3.00W16SESW

Address of Well:
ROBERTS RD. - SHEDD, OR

Well Label: 152775

Printed: August 8, 2024

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

