

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

2
LINN
6579

LINN 6579

RECEIVED
JUN - 2 1995

10s/1w/8cc
Page 1
77017

(START CARD) # 77017

Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER: Well Number 2817
Name City of Scio
Address 38957 NW 1st Ave
City Scio State OR Zip 97374

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	0	90	Cement	0	90	166 sacks
10	0	210	Bore			

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 90 ft. to 160 ft. Size of gravel 1/4" Grit

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	2	200	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method Hot
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
95	195	1/4x1	5600		10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
700	150		1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County LINN Latitude _____ Longitude _____
Township 10 N or S Range 1 E or W WM.
Section 8 SW 1/4 SW 1/4
Tax Lot 608 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 38875 NW 1st Ave
Scio, OR 97374

(10) STATIC WATER LEVEL:
20'2" ft. below land surface. Date 5-16-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 92

From	To	Estimated Flow Rate	SWL
92	195	700 gpm	20'2"

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy Loam, Clay	0	9	
Blue Clay & Gravel	9	27	
Blue Clay	27	35	
Fine Blue Sand	35	38	
Sand & Gravel	38	54	
Gray Clay	54	70	
Blue Sandy Clay	70	80	
Blue Clay	80	92	
Fine Gravel & Sand	92	104	
Gray Clay	104	118	
Sand & Gravel	118	122	
Gray Clay	122	130	
Sand & Gravel	130	139	
Gravels	139	147	
Gravels	147	149	
Gray Clay	149	157	
Gravel	157	158 1/2	
Gray Clay	158 1/2	165	
Brown Clay	165	166 1/2	
Clay Sand Gravel w/ sticks & roots	166 1/2	183	

Date started 5-10-95 Completed 5-16-95

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed [Signature] WWC Number 1279
Date 5/31/95

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed [Signature] WWC Number 514
Date 5/31/95

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

*LINN
6579*

RECEIVED
LINN 6579
 JUN - 2 1995
 WATER RESOURCES DEPT.
 SALEM, OREGON

10s/lw/8cc
 Page 2
 (START CARD) # *77017*

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 2817
 Name City of Scio
 Address 38907 NW 1st Ave
 City Scio State OR Zip 97374

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 200 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material		
					Tele/pipe size	Casing	Liner
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County LINN Latitude _____ Longitude _____
 Township 10 N or S Range 1 E or W WM.
 Section 8 SW 1/4 SW 1/4
 Tax Lot 608 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 38875 NW 1st Ave
Scio, OR 97374

(10) STATIC WATER LEVEL:
20' 2" ft. below land surface. Date 5-16-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Sand & Gravel</u>	<u>183</u>	<u>188</u>	
<u>Blue Clay</u>	<u>188</u>	<u>190</u>	
<u>Gravel</u>	<u>190</u>	<u>195</u>	
<u>Gray Clay</u>	<u>195</u>	<u>204</u>	
<u>Brown Clay</u>	<u>204</u>	<u>210</u>	

Date started 5-10-95 Completed 5-16-95

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.
 Signed [Signature] WWC Number 1279
 Date 5/31/95

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.
 Signed [Signature] WWC Number 514
 Date 5/31/95