

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

RECEIVED

*LINN
8817*

*115/5W-36
corrected location*

JUN 23 1987

(1) OWNER: Well Number: _____
 Name O.S.U. Foundation WATER RESOURCES DEPT
 Address Electric Rd. & Hwy. 34 SALEM, OREGON
 City Corvallis State OR. Zip 97331

(9) LOCATION OF WELL by legal description:
 County Linn Latitude _____ Longitude _____
 Township 11 S N or S, Range 5 W E or W, WM.
 Section 36 _____ 1/4 _____ 1/4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
 Construction approval Yes No _____ Depth of Completed Well 40' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12"	0 18'	cement	0 18'	9 1/2 sacks
12"	18' 40'			

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	Steel	Plastic	Welded	Threaded
Casing: 12"	+1'	37'	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	05"	03"		<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"/>

Final location of shoe(s) 37'03"

(7) PERFORATIONS/SCREENS:
 Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
26'02"	36'08"	3/8"	100	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12"				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 132 gpm Drawdown 1'06" Drill stem at _____ Time 1 hr.

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: _____

(10) STATIC WATER LEVEL:
15'03" ft. below land surface. Date 5-19-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 24'

From	To	Estimated Flow Rate	SWL
24'	36'	132 gpm	15'03"

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	4	
Loam	4	12	
Blue clay	12	17	
Brown clay & gravel	17	22	
Dirty gravel	22	24	
Brown sand & gravel	24	36	
Blue clay	36	40	

Date started 5-19-87 Completed 5-22-87

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1378
 Signed [Signature] Date 6-19-87