

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

(WELL I.D.)# **L 89020**
(START CARD) # **197193**

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

(1) OWNER: Well Number **4903**
Name **Jenks-Olsen Land Co**
Address **8930 Suver Rd.**
City **Monmouth** State **Oregon** Zip **97361**

(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 **210** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	39	Bentonite	0	39	16 sacks
6	39	210				

How was seal placed: Method A B C D E
 Other **Poured dry**
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: 6	+1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4-1/2	0	210	160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Drilled**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Material	Casing	Liner
90	210		1400	1/4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
13	All	210	1 hr.

Temperature of water **54** 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 **Polk** Latitude _____ Longitude _____
Township **9** S Range **5** W WM.
Section **35** 300 1/4 NE 1/4
Tax Lot **NE** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **Airlie Rd.**
Monmouth, OR

(10) STATIC WATER LEVEL:
41 ft. below land surface Date **10/31/2007**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **80**

From	To	Estimated Flow Rate	SWL
80	160	13	41

(12) WELL LOG:

Material	From	To	SWL
Brown clay	0	6	
Brown sandstone	6	24	
Dark grey sandstone	24	210	

RECEIVED

NOV 19 2007

WATER RESOURCES DEPT
SALEM, OREGON

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

Date started **10/30/2007** Completed **10/31/2007**

(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 **1411** Date **11/06/2007**

(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 **1684** Date **11/06/2007**