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STATE OF OREGON WATER SUPPLY WELL REPORT

WELL I.D. #

WATER RESOURCES DEPT. SALEM, OREGON

095689

WATER RESOURCES DEPT. SALEM, OREGON

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

(1) OWNER:

Name Kevin Crosby
Address 16826 BUTTEVILLE RD. NE
City WOODBURN State OR Zip 97071

(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 32.8
Explosives used Yes No Type none Amount none

Table with columns: HOLE, SEAL, Diameter, From, To, Material, From, To, Sacks or pounds. Includes entries for Bent chips and sealant.

How was seal placed: Method A B C D E
Other Bentonite chiops poured dry

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

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Lists casing and liner specifications.

Final location of shoe(s) 160

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner. Details perforation and screen data.

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

Table with columns: Pump, Bailer, Air, Artesian, Yield gal/min, Drawdown, Drill stem at, Time. Shows test results.

Temperature of water 57 degrees
Was a water analysis done? Yes By whom none
Did any strata contain water not suitable for intended use? Too little

(9) LOCATION OF WELL by legal description:

County Marion Latitude Longitude
Township 4S N or S Range 1W E or W. WM.
Section 30 SE 1/4 NE 1/4
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest address) 10433 Wise Acre Lane Aurora

(10) STATIC WATER LEVEL:

21.6 ft. below land surface. Date 4-1-98
Artesian pressure none lb. per square inch. Date -

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL. Shows water bearing zones and flow rates.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Detailed well log description.

Date started Completed
(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.

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.

WWC Number 1558
Signed Date

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

WATER RESOURCES DEPT (SALEM, OREGON)

(1) OWNER:
Name Kevin Crosby
Address 16826 Butteville Road NE
City Woodburn State OR Zip 97071

Well Number 1023011

(9) LOCATION OF WELL by legal description:

County Marion Latitude _____ Longitude _____
Township 4S N or S. Range 1W E or W. WM.
Section 30 SE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10433 Waise Acre Lane, Aurora

(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 _____

(10) STATIC WATER LEVEL:
21.6 ft. below land surface. Date 4-1-98
Artesian pressure _____ lb. per square inch. Date _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No
Explosives used Type None Amount None
Depth of Completed Well 32.8 ft.

(11) WATER BEARING ZONES:
Depth at which water was first found 86

From	To	Estimated Flow Rate	SWL
319	326		

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds

Diameter	From	To	Material	From	To	Amount

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 _____

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sand fine Black	300	318	21.6
Sand fine silty black	318	319	" "
Claystone soft with packed	319		21.6
Sand green		321	" "
sand med fine silty brown	321	326	21.6
clay sticky grey	326	328	21.6

(6) CASING/LINER:

Diameter	From	To	Gauge	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"/>
				<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"/>

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WATER RESOURCES DEPT
SALEM, OREGON

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

From	To	Slot size	Number	Diameter	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Date started 2-24-98 Completed 4-3-98

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

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, 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.
Signed _____ WWC Number _____
Date _____

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: _____

(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. 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.
Signed _____ WWC Number _____
Date _____