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

WELL ID # L 6843
START CARD # 162366

(1) OWNER:

Well Number: _____
Name: Mark Weissensale - Bill Warner
Address: 295 Lincoln St P.O. Box 255
City: McAngel State: OR Zip: 97362

(2) TYPE OF WORK:

(repair/
 New Well Deepening Alteration/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 447

Explosives Used Yes No Type _____ Amount _____

HOLE			SEAL			sectors or pounds
Diameter	From	To	Material	From	To	
10	0	104	Cement	50	104	22 SCS
10	0	50	hent	0	50	19 SCS
6"	104	447	—	—	—	—

How was seal placed: Method A B C D E

Other Chips Installed Dry

Backfill placed from _____ to _____ Material _____

Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6	+1.5	104	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
4	-1	447	200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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:

Perforations Method: Saw

Screen

Type: _____

Material: PVC

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
280	340	1/8x4	108			<input type="checkbox"/>	<input checked="" type="checkbox"/>
400	446	1/8x4	71			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Dailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
70		440	1 hr.
			2 hrs

Temperature of water 55 Depth Artesian Flow Found _____

Was a water analysis done? = _____ By whom: = TDS 103

Did any strata contain water not suitable for intended use? (explain) _____

Depth of Strata: _____

(9) LOCATION OF WELL by legal description:

County: Marion Latitude: _____ Longitude: _____
Township: 6S Range: 1E
Section: 31 SE $\frac{1}{4}$ SW $\frac{1}{4}$
Tax Lot: 1100 Lot: N/A Block: N/A Subdivision: N/A
Street Address of Well (or nearest address) _____
5374 Forrest Ridge Rd

(10) STATIC WATER LEVEL:

57 Ft. below land surface Date 12-10-03
Artesian pressure = _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 24

From	To	Ret. Flow Rate	#W1.
24	25	5	6
90	96	2	42
290	291	5	57
422	431	55	57

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Clay Med Brown	0	24	
Sandstone Med Gray	24	90	16
Sandstone Med Hard Brown	90	96	42
Sandstone Med Hard Gray	96	181	
Sandstone Med <u>GMG</u>	181	199	
Sandstone Hard Gray	199	221	
Sandstone Lava Dry <u>MIX</u>	221	229	
Sandstone Hard Brown	229	284	
Sandstone Med Gray	284	326	120
Sandstone Med Brown	326	408	
Sandstone Fract Green Hard	408	412	
Sandstone Brown Med	412	431	
Sandstone Green Med	431	440	H2O
Sandstone Brown Med	440	447	

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FEB 17 2004

WATER RESOURCES DEPT
SALEM OREGON

WATER RESOURCES DEPT
SALEM OREGON

Date Started: 12-1-03

Completed: 12-10-03

(unbonded) Water Well Constructor Certification:

I certify that the work 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 _____ WWC Number 723
Date 12/12/03

(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 _____ WWC Number 723
Date 12/12/03

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WATER RESOURCES DEPT
SALEM OREGON

T 10605

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

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MARI 51915
JUN 16 1997

WELL I.D.# L10565

WATER RESOURCES DEPT. (START CARD) # 95683

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

SALEM, OREGON

(1) OWNER: Well Number _____
Name Frank Lord
Address 5445 Forest Ridge Rd NE
City Silverton State OR Zip 97138

(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 1160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>29</u>	<u>Bent</u>	<u>0</u>	<u>29</u>	<u>13 SACKS</u>
<u>6</u>	<u>29</u>	<u>1160</u>				

How was seal placed: Method A B C D E
 Other Poured in annulus
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: <u>6</u>	<u>1</u>	<u>29</u>	<u>.25</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>4 1/2</u>	<u>0</u>	<u>1160</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Skil Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>1160</u>	<u>120</u>	<u>1/8 x 6</u>	<u>120</u>	<u>4 1/2</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>50</u>	<u>-</u>	<u>1160</u>	<u>1 hr.</u>

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 Marion Latitude _____ Longitude _____
Township 63 N or S Range 1E E or W. WM.
Section 31 SE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as mailing

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 6/11/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
<u>10</u>	<u>15</u>	<u>.5 GPM</u>	<u>10</u>
<u>124</u>	<u>126</u>	<u>50 GPM</u>	<u>20</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Clay brn Silty</u>	<u>0</u>	<u>10</u>	
<u>Gray s Clay</u>	<u>10</u>	<u>15</u>	
<u>Sandstone blue gray</u>	<u>15</u>	<u>30</u>	
<u>Sandstone Cong Silty</u>	<u>30</u>	<u>90</u>	
<u>Sandstone blue gray</u>	<u>90</u>	<u>124</u>	
<u>BROKEN</u>	<u>124</u>	<u>126</u>	<u>WB</u>
<u>Sandstone blue gray</u>	<u>126</u>	<u>1160</u>	

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WATER RESOURCES DEPT T 10605
SALEM OREGON

Date started 6/9/97 Completed 6/11/97
(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 1701
Date 6/13/97

(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 1358
Date 6/13/97

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

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

MARI (WELL I.D.) # L 68673
58081 (START CARD) # 164112

(1) OWNER: Well Number _____
Name **Frank Lord**

Address **5445 Forest Ridge Rd. N.E.**
City **Silverton** State **Oregon** Zip **97381**

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10 in.	0	29	Bentonite	0	29	14 sacks
6 in.	29	161				

How was seal placed: Method A B C D E
 Other **Bentonite placed 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 in.	+1	29	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5	-1	161	#160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Saw**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
121	156	1/8x6	75			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian
Yield gal/min **35** Drawdown _____ Drill stem at **160** Time _____ 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 Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County **Marion** Latitude _____ Longitude _____
Township **6** S Range **1** E WM.
Section **31** S.E. 1/4 S.W. 1/4
Tax Lot **2300** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **5455 Forest Ridge Rd. N.E.**
Silverton, Oregon 97381

(10) STATIC WATER LEVEL:
_____ **19** ft. below land surface. Date **5/12/04**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **8** Ft.

From	To	Estimated Flow Rate	SWL
8	11	10	4
35	140	35	19

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown clay	2	11	
Gray sandstone hard	11	82	
Gray and green sandstone	82	98	
Gray and purple sandstone	98	117	
Gray and green sandstone	117	161	

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SALEM, OREGON

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WATER RESOURCES DEPT
SALEM, OREGON

Date started **5/7/04** Completed **5/12/04**

(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 *Marc Mandern* WWC Number **746** Date **5/15/04**

(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 *Floyd Sapp* WWC Number **1273** Date **5/15/04**

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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WATER RESOURCES DEPT
SALEM, OREGON