

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

MARI 58088

(D.)# I. 70506
 (START CARD) # 165596

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

(1) OWNER: Well Number **165596**
 Name **Jon & Karen Tucker**
 Address **PO Box 615**
 City **Stayton** State **OR** Zip **97383**

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

HOLE			SEAL			Sacks or pounds		
Diameter	From	To	Material	From	To			
16	0	10	Bentonite	0	6	10	sks	
14	10	18	Cement	6	18	14	sks w/calcium	
10	18	27						

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: 10"	+1.7	27	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **27' UR shoe**

(7) PERFORATIONS/SCREENS:

Perforations Method **plasma cutter**
 Screens Type **slots** Material **steel**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19	27	1/2	168	4		<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
260	n/a	26	2 hrs

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 **9** S Range **1** W WM.
 Section **19** SW 1/4 NW 1/4
 Tax Lot **1600** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **9382 Santiam Loop, Turner, OR 97392**

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date **05-18-04**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **7**

From	To	Estimated Flow Rate	SWI
19	27	350	10

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWI
Topsoil to silty clay br	0	4	
Sand br w/gravel	4	5	
Cobbles gravel & sand w/boulders	5	16	
Gravel cobbles w/clay br	16	19	
Gravel & sand coarse w/cobbles	19	27	10
Gravel & cobbles loosely cemented	27	31	
Backfilled well from 27 feet up to 19 feet prior to cementing. Cleaned out & developed well after cement had cured.			

Date started **05-17-04** Completed **05-18-04**

(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 _____ WWC Number **1394**
 Date **05-19-04**

(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 _____ WWC Number **1394**
 Date **05-19-04**

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

RECEIVED
 MAR 13 2009
 WATER RESOURCES DEPT
 SALEM, OREGON

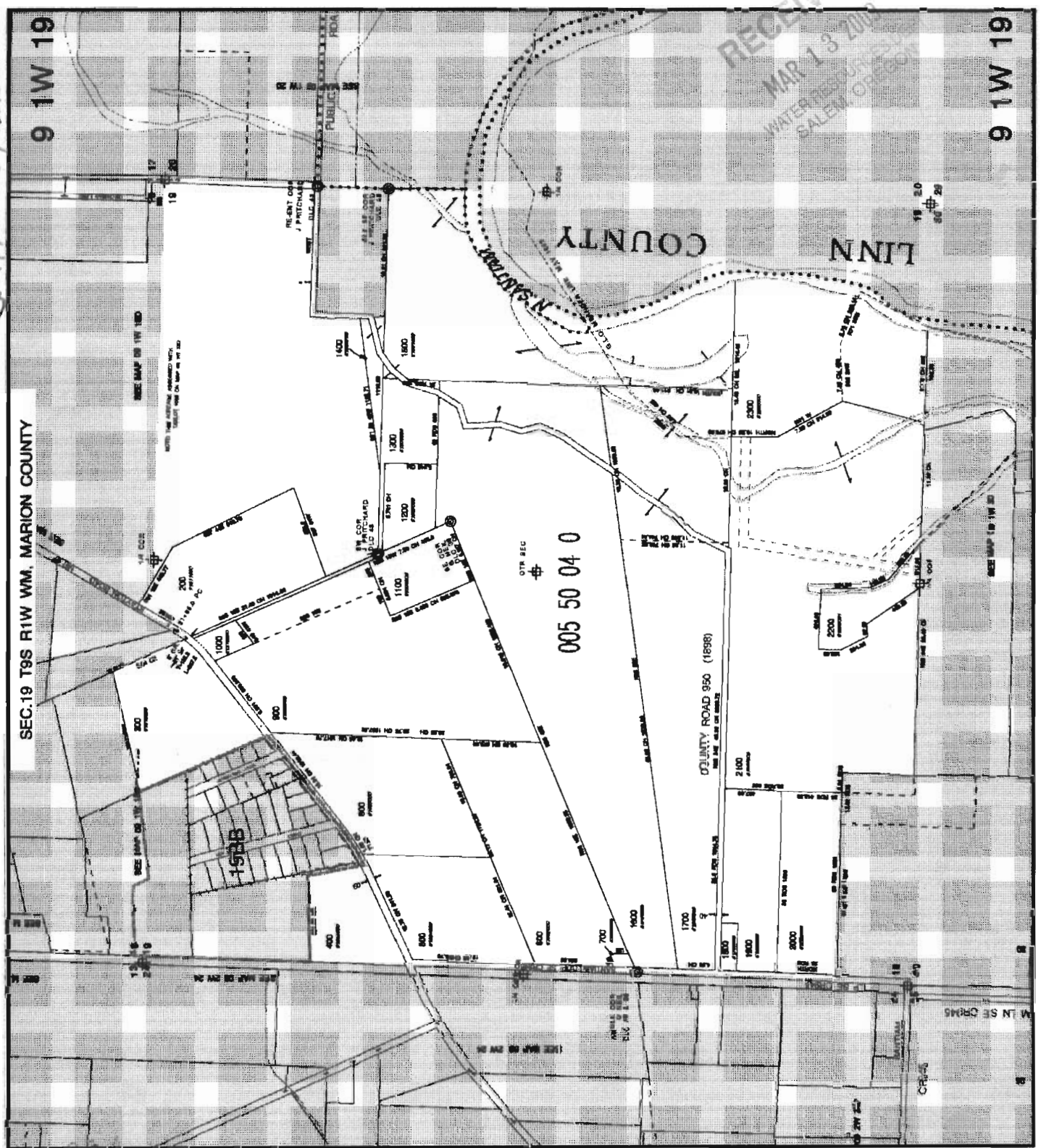
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 SALEM, OREGON

T 10814

Jon & Karen Tucker

MAP 1, 1988 (Prior Copy)

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WATER RESOURCES
SALEM OFFICE



LEGEND

- LINE TYPES**
- TAX MAP BOUNDARY
 - OLD PROPERTY LINE
 - ROAD RIGHT-OF-WAY
 - VACATED ROAD-OF-WAY
 - RAILROAD
 - RAILROAD RIGHT-OF-WAY
 - STRAIGHT LINE, ETC. TAX MAP BOUNDARY
 - STRAIGHT LINE, ETC. PROPERTY BOUNDARY
 - RAILROAD BOUNDARY
 - RAILROAD RIGHT-OF-WAY
 - THE CORNER BOUNDARY
 - RAILROAD

SYMBOL TYPES

- D.L.C.
- CENTRAL POINTS
- PROPERTY BOUNDARIES
- ELLS CORNER
- 1/4 SEC
- 1/8 SEC
- 1/4 AC
- 1/8 AC

NUMBERS
TAX CODE NO.
000 00 00 0

ACRES - ALL ACRES INCLUDE ANY PORTION THAT MAY BE WITHIN THE INDICATED PUBLIC RIGHT OF WAY.

THE NUMBERS - THESE ARE THE NUMBERS AS DESCRIBED ON THE EXTENSION OF A LINE, THE NUMBER OF THE SECTION IN THE YEAR NUMBERED ON THE PUBLIC RIGHT OF WAY.

ACRES ARE LISTED WITH BOUNDARIES BY AREA OF CREATED COMPLEXITY.

NOTICE: This map was created for Assessor's Office use ONLY.



SCALE 1" = 400'
or 1:400
Plot file created: October 17, 1998
Map created by: [unreadable]