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MAY 18 2010

STATE OF OREGON WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D.# 27843 START CARD # 118494

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

(1) OWNER: Name David LeCompte Well Number Address 9785 Portland Rd. City Salem State OR Zip 97305

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [X] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 363 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Rows include 14 0 18 Cement 0 172 54 and 12 18 179.

How was seal placed: Method [] A [X] B [] C [] D [] E [] Other 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. Rows for Casing and Liner.

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Flowing Artesian. Yield gal/min 600-700 Drawdown Drill stem at 360 Time 1 hr.

Temperature of water 51 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 8-S N or S Range 1-E E or W. WM. Section 3 NE 1/4 NE 1/4 Tax Lot 601 Lot Block Subdivision Street Address of Well (or nearest address) 19499 Jack Ln Silverton OR

(10) STATIC WATER LEVEL: 169 ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 29

Table with columns: From, To, Estimated Flow Rate, SWL. Rows include 29 29 5 138 166 7 130, 272 363 700+

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows include Top Soil, Red Soil, Weathered basalt, Dark Gray basalt, Dark Gray basalt with brown seams, Dark gray basalt Med hard, Weathered basalt, Dark gray basalt, Claystone brown + soft with trace of weathered basalt, Dark gray basalt, Weathered basalt, Gray basalt, Simt - Porous Brown basalt.

Date started 5/14/99 Completed 5/28/99

(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. WWC Number 1629 Signed [Signature] Date 5-27-99

(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. WWC Number 1273 Signed [Signature] Date 5/31/99

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # 27843
START CARD # 118494

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

(1) OWNER: Well Number _____
Name David LeCompte
Address 9785 Portland Rd
City Salem State OR Zip 97305

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds

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:				<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Case	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"/>

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

Yield gal/min	Drawdown	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: _____

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 8-5 N or S Range 1-E E or W. WM.
Section 3 NE 1/4 NE 1/4
Tax Lot 601 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 19499 Jack Ln. Silverton OR

(10) STATIC WATER LEVEL:
169 ft. below land surface. Date 5/28/99
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Gray basalt with soft seams</u>	<u>202</u>	<u>272</u>	
<u>Fractured gray basalt</u>	<u>272</u>	<u>290</u>	
<u>Gray basalt</u>	<u>290</u>	<u>319</u>	
<u>Fractured gray basalt</u>	<u>319</u>	<u>327</u>	
<u>Porous basalt brown and black</u>	<u>327</u>	<u>363</u>	

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Signed [Signature] WWC Number 1629 Date 5-31-99

(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 G. Sapp WWC Number 1273 Date 5/31/99

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