

MARI 63260

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SEP 24 2010

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

WATER RESOURCES DEPT  
SALEM, OREGON

WELL LABEL # L 102925

START CARD # 205285

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company TA OPERATING LLC  
Address 24601 CENTER RIDGE RD  
City WESTLAKE State OH Zip 97493

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  Attach copy  
Depth of Completed Well 221 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Arnt	lbs
14	0	20	Bentonite	0	5	6	S
12	20	70	Cement	5	70	40	S
10	70	170	Cement	70	170	28	S
6	170	221					

How was seal placed: Method  A  B  C  D  E  
 Other

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	170	.250	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
creen	Liner					width	length	slots	pipe size

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

125		220	3

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 4 S N/S Range 1 W E/W WM  
Sec 9 1/4 of the 1/4 Tax Lot 1100  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or 45.23666667 DMS or DD  
Long \_\_\_\_\_ " or 122.80694444 DMS or DD  
 Street address of well  Nearest address

21856 BENTS RD NE AURORA, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	09-01-2010		88

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 28

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
08-18-2010	28	28	5		15
08-23-2010	72	150	30		70
09-01-2010	170	221	125		88

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Black top over crushed rock	0	1
Silty brown clay with trace of sand	1	28
Firm gray-blue clay	28	36
Blue-gray sticky and gritty clay	36	54
Tan clay	54	56
Brown clay	56	72
Brown sand with brown binder	72	85
Red very fine sand and gravel	85	96
Brown very sandy soft clay w/fine sandy seams	96	126
Fine brown sand with some gravels	126	144
Broken basalt dark w/brown dark sandy gravel	144	150
Hard dark gray basalt	150	170
Semi-fractured gray basalt	170	176
Porous semi-broken gray basalt	176	185
Weathered brown basalt	185	188
Semi-fractured gray basalt	188	190
Hard dark gray basalt with some fractured seams	190	221

Date Started 08-17-2010 Completed 09-02-2010

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1629 Date 09-07-2010

Password : (if filing electronically)

Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1273 Date 09-07-2010

Password : (if filing electronically) \*\*\*\*

Signed \_\_\_\_\_

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT  
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95

App G-17267