

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 68330

START CARD # 1016175

ORIGINAL LOG # 68330

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

(1) LANDOWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Boring Water District
 Address PO Box 66
 City Boring State OR Zip 97009

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 610 ft.
 Seal Material Cement
 Casing Type: Steel Plastic Other _____
 Casing Gauge .250 .375 Casing Diameter 10" 14"

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

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

(5) BORE HOLE CONSTRUCTION
 Depth of Completed Well 710 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
<u>8</u>	<u>610</u>	<u>710</u>					

How was seal placed: Method A B C D E
 Other Original Seal not disturbed
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
 Calculated Amount Proposed to be Used: _____ sacks/lbs
 Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
	<u>X</u>	<u>6</u>		<u>590</u>	<u>710</u>	<u>.250</u>	<u>X</u>		<u>X</u>	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<u>X</u>			<u>X</u>	<u>6</u>	<u>590</u>	<u>650</u>	<u>1/8</u>	<u>6"</u>	<u>99</u>	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>400</u>		<u>567</u>	<u>48 hr</u>

 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Clack Twp 1 N or S Range 4 E or W W.M.
 Sec 32 SE 1/4 of the SW 1/4 Tax Lot 1901
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 12300 S.E. 312th
Boring OR 97009

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>4/30/06</u>			<u>215</u>
Completed Well	<u>5/4/12</u>			<u>215</u>

Flowing Artesian? Yes Dry Hole? Yes
 WATER BEARING ZONES Depth water was first found 100

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-4-12</u>	<u>415</u>	<u>710</u>	<u>400</u>			<u>215</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Fine Gray Sand and gravel</u>	<u>610</u>	<u>710</u>

RECEIVED

JUN 04 2012

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 3-28-12 Completed 5-4-12

(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 _____ Date _____

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 1738 Date 5-24-12

Signed Janice Wagner
 Contact Info. (optional)

Olsen-Pulliam Well Drilling
503-665-3353