STATE OF OREGON WATER SUPPLY WELL REPORT

GRAN 51085

(ORS 537.765 & OAR 690-205-0210)

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

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WELL LABEL # L /0302/	51085
START CARD# 206295	
ORIGINAL LOG#	
TO STATE OF THE ST	

(1) LANDOWNER Owner Well I.D First Name Last Name	(9) LOCATION OF WELL (legal description)
ompany Oregon Parks and Recreation Dept.	County <u>Grant</u> Twp // N or Range 35 or W W.M. Sec 28 NW 1/4 of the NW 1/4 Tax Lot 600
Address 725 Summer St. NE, 576 C City Salem State OR. Zip 97301-1271	Tax Map Number Lot
(2) TYPE OF WORK New Conversion Deepening	Tax Map Number Lot Lat ° ' ." or . DMS or DD Long ° ' ." or DMS or DD
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)	1
(2a) PRE-ALTERATION: Well Depth ft.	Street Address of Well (or nearest address) Old Bates mill Site
Seal Material	<u> </u>
Casing Type:	(10) STATIC WATER LEVEL
Casing Gauge Casing Diameter	Date SWL(psi) + SWL(ft)
<u> </u>	Existing Well/Pre-Alteration
(3) DRILL METHOD ■ Rotary Air □ Rotary Mud □ Auger	Completed Well 5-24-// 5
☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other	Flowing Artesian? Yes Dry Hole? Yes
(4) PROPOSED USE Domestic Irrigation Community	WATER BEARING ZONES Depth water was first found
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection	SWL Date From To Est Flow SWL (psi) + SWL (ft)
☐ Thermal ☐ Other	5-20-11 120 140 115 5
(5) BORE HOLE CONSTRUCTION	
Depth of Completed Well ft. Special Standard: \[\subsection Yes (attach copy)	
BORE HOLE SEAL	
Dia From To Material From To Amount Wilss 12 0 40 Beat. 0 40 27	(11) WELL LOG Ground Elevation
12 0 40 Best. 0 40 27	Material From To
	Yellow Clay 0 23
	Gren Class 23 120
How was seal placed: Method □ A □ B □ C □ D □ E	Fractured hard Grey 120
Other pouned dry Static Was 20 When sealing Backfill placed from the to ft. Material	Glay 145 Black Soft Clay 145
	51/40 150
ilter pack from ft. to ft. Material Size	Silly 150 150
(5a) ABANDONMENT USING UNHYDRATED BENTONITE:	
Calculated Amount Proposed to be Used:sacks/lbs	HECEIVED RECEIVED
Actual Amount Used: sacks/lbs	JUN 1 3 2011
	JUL 2 i den
(6) CASING/LINER	WATER RESOURCES DEPT WATER RESOURCES DEPT
Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd	CALCIA ODDO
K 8 2 138 .250 K	SALEM, OHEGON SALEM, OREGON
	Date Started <u>5-/9-//</u> Completed <u>5-24-//</u>
	· · · · · · · · · · · · · · · · · · ·
Shoe Lanside Outside Other Location of shoe(s)	(unbonded) Water Well Constructor Certification 1 certify that the work I performed on the construction, deepening, alteration, or
Temporary casing 🛮 Yes Diameter/2 From To To	abandonment of this well is in compliance with Oregon water supply well
(7) PERFORATIONS/SCREENS	construction standards. Materials used and information reported above are true to
Perforations Method	the best of my knowledge and belief.
Screens Type Material Steel	License Number Date
Screen Slot # of pipe	Signed
Perf Scrn Csng Linr Dia From To width length slots size	(bonded) Water Well Constructor Certification
× × 130 138 1/2 6 29 8	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
ON SVELL PROPER MANAGEMENT	and belief.
(8) WELL TESTS: Minimum testing time is 1 hour ☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	License Number 1816 Date 5-24-11
	Electise reminer Date 3 22 77
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed OFFILED
remperature 59 °F Lab analysis Yes By	Contact Info. (optional) RECEIVED
Water quality concerns? Yes (describe below) TDSppm	A-A - A - A
From To Description Amount Units	541-579-0618 SEP 26 2011
,	WATER RESOURCES DEPT
	, , , , , , , , , , , , , , , , , , ,

STATE OF OREGON WATER SUPPLY WELL REPORT

GRAN 51085

WELL LABEL # L _ START CARD# 206295 (ORS 537.765 & OAR 690-205-0210) ORIGINAL LOG# Instructions for completing this report are on the last page of this form. (1) LANDOWNER Owner Well I.D. (9) LOCATION OF WELL (legal description) First Name County <u>Grant</u> Twp // N or Range <u>35</u> for W W.M. Sec <u>28</u> NW 1/4 of the <u>NW</u> 1/4 Tax Lot <u>600</u> ompany Oregon Parks and Recreation State OR. Summer City ___ Tax Map Number _____ Lat ___ ° DMS or DD (2) TYPE OF WORK ► New □ Conversion □ Deepening ☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a) Street Address of Well (or nearest address) Old Bates mill Site (2a) PRE-ALTERATION: Well Depth Seal Material Casing Type: ☐ Steel ☐ Plastic ☐ Other (10) STATIC WATER LEVEL Casing Diameter Casing Gauge SWL(psi) + SWL (ft) Existing Well/Pre-Alteration 5-24-// Slowing Artesian? ☐ Yes Dry Hole? ☐ Yes (3) DRILL METHOD KRotary Air ☐ Rotary Mud ☐ Auger Completed Well ☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other WATER BEARING ZONES ☐ Domestic ☐ Livestock (4) PROPOSED USE ☐ Irrigation ☐ Community ☐ Dewatering ☐ Injection ☐ Industrial/Commercial SWL Date From Tο Est Flow | SWL (psi) | + SWL (ft) ☐ Thermal ☐ Other 5-20-11 120 (5) BORE HOLE CONSTRUCTION Depth of Completed Well ______ ft. Special Standard: \[\square \text{Yes (attach copy)} \] BORE HOLE Dia To Material From | To Amount Scholbs From (11) WELL LOG Ground Elevation Material From Tο How was seal placed: Method A B C 145 Other Douned dry 145 Backfill placed from ___ ft. Material 150 ft. Material ilter pack from (5a) ABANDONMENT USING UNHYDRATED BENTONITE: Calculated Amount Proposed to be Used: ___ sacks/lbs Actual Amount Used: sacks/lbs WATER RESOURCES DEPT (6) CASING/LINER Steel | Plastic | Welded | Thrd Csng Linr Dia + From To Gauge SALEM, OREGON 250 138 ___ Completed <u>5-24-11</u> Date Started <u>5-/9-//</u> (unbonded) Water Well Constructor Certification Shoe Inside Outside Other Location of shoe(s) I certify that the work I performed on the construction, deepening, alteration, or Temporary casing Yes Diameter / From _____ From _____ abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to (7) PERFORATIONS/SCREENS the best of my knowledge and belief. Method ____ Perforations Torch Steel License Number _ Material Screens Type Screen/ Tele/ Signed Screen slot Slot # of pipe Perf Scrn Csng Linr Dia From To width length slots size (bonded) Water Well Constructor Certification l accept responsibility for the construction, deepening, alteration, or ~ 130 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. (8) WELL TESTS: Minimum testing time is 1 hour Air License Number 18/6 ☐ Pump ☐ Bailer ☐ Flowing Artesian Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) Signed ___ 135 140 Contact Info. (optional) 'emperature 55 °F Lab analysis 🗌 Yes By Water quality concerns? Yes (describe below) TDS ppm 541-519-0618

Description

Amount

From