

(1) LAND OWNER Owner Well I.D. DR-3185
 First Name _____ Last Name _____
 Company Detroit State Park
 Address P.O. Box 549
 City Detroit State ORE Zip 97342

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(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 162 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
10"	0	59	BENTONITE	0	3	3 SCS
			Calculated 1 SCS			
6"	59	162	Cement	3	59	20 SCS
			Calculated 16.5			

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6"	+	1 1/2	59	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4 1/2	-	2	162	S440	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 59'
 Temp casing Yes Dia 10" From 0 To 20'

(7) PERFORATIONS/SCREENS
 Perforations Method SAW
 Screens Type SLOT Material CERTA-LOCK

Perf/S	Casing/	Screen	Sern/slot	Slot	# of	Tele/		
green	Liner	Dia	From	To	width	length	slots	pipe size
X	4 1/2"	62	160	1/8"	6"	168		

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30+		145	1 HR.
30	UNKNOWN		2 HRS

 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 54
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County LINN Twp 13 Range 3 WM
 Sec 32 1/4 of the 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat 44° 23' 45" or _____ DMS or DD
 Long 122° 28' 29" or _____ DMS or DD
 Street address of well Nearest address

48241 Cascadia Dr. Cascadia, Ore

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	4-13-16		- 53'

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 72'

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
4-13-16	72	140	30+		- 53'

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	1
LOAM	1	3
CLAY-BROWN w/ COBBLES	3	11
SAND GRAVEL - CEMENTED	11	16
SANDSTONE - DK BROWN	16	28
SANDSTONE - DK GRAY	28	72
SANDSTONE DK GRAY w/ BROWN CLAYSTONE SEAMS	72	162

 RECEIVED BY OWRD RECEIVED BY OWRD
 MAY 12 2016 JUN 02 2016
 SALEM, OR SALEM, OR

Date Started 4-6-16 Completed 4-13-16

(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 1974 Date 4-15-16
 Signed C.J. Nugent

(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 0664 Date 4-15-16
 Signed Paul D. Nugent
 Contact Info (optional) _____