

(1) LAND OWNER Owner Well I.D. DR-3215

First Name _____ Last Name _____
 Company AZALEA ROJO L.L.C.
 Address 745 BOYLSTON ST. SUITE 207
 City BOSTON State MA Zip 02116

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

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrld
 Casing: _____
 Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach Copy)

Depth of Completed Well 200 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
12"	0	20	BENTONITE	0	2	2	500
8"	20	200	Cement	2	20	13	500
						9	

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8"	+	1	199	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 199'
 Temp casing Yes Dia 12 From 0 To 20'

(7) PERFORATIONS/SCREENS

Perforations Method HOLTE
 Screens Type SLOT Material STEEL

Perf/S	Casing	Screen	Scr/slot	Slot	# of	Tele/		
green	Liner	Dia	From	To	width	length	slots	pipe size
	<input checked="" type="checkbox"/>	8"	75	115	1/4"	1"	1096	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
175		120	2 HRS

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 346
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description) SALEM OR LINN 61776

County LINN Twp 14 S Range 3 W
 Sec 1 NE 1/4 of the SW 1/4 Tax Lot 1100
 Tax Map Number SE Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address

34645 LAKE CREEK DR. BEANSVILLE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>8-27-16</u>		<u>41'</u>

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 75'

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>8-26-16</u>	<u>75</u>	<u>115</u>	<u>175 gpm</u>		<u>41</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
CLAY - BROWN - STICKY	2	4
CLAY - BROWN w/ GRAVEL	4	7
GRAVEL & SAND w/ CLAY BROWN	7	31
CLAY - GRAY w/ GRAVEL	31	35
GRAVEL - BLACK SMALL	35	37
CLAY - GRAY w/ GRAVEL	37	40
GRAVEL w/ SAND - COARSE	40	49
CLAY - GRAY	49	54
SAND w/ CLAY BLUE/BLACK	54	61
CLAY - BLUE - STICKY	61	69
CLAY - BLUE GRAY w/ GRAVEL	69	75
GRAVEL - SMALL w/ SAND		
BLACK - COARSE	75	115
GRAVEL - SANDY w/ CLAY LAYERS	115	155
CLAY - GRAY	155	185
CLAY - BLUE - SANDY	185	196
SANDSTONE - BLUE	196	200

Date Started 8-23-16 Completed 8-27-16

(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 8-27-16
 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 8-27-16
 Signed Charles D. Nugent
 Contact Info (optional) _____

RECEIVED BY OWPD
 SEP 12 2016
 SALEM, OR