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STATE OF OREGON WATER WELL REPORT
(as required by ORS 537.765)

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(START CARD) #	

	CESTIFFI.	
(1) OWNER: Well Number SALEM, ORE	GONLOCATION OF WELL by legal description:	
Name MICHARI TAFFE	County MANIEW Latitude Longitude	
Address 7014 Kill neth it MC	County Manibu Latitude Longitude Township S N or S. Range Z E or W. WM.	
City . 50/64 State OR Zip 17785	Section 7 4 4 4	
(2), TYPE OF WORK:	Tax Lot Lot Block Subdivision	
New Well Deepen Recondition Abandon	Street Address of Well (or nearest address)	
(3) DRILL METHOD:	Street Address of Well (of licatest address)	
Rotary Air Rotary Mud Cable	(10) STATIC WATER LEVEL:	
	42 ft. below land surface. Date 5-/2-9	
Other		
	Artesian pressure lb. per square inch lt. WATER BEARING ZONES:	
	(II) WATER BEARING ZONES.	
Thermal Injection Other (5) BORE HOLE CONSTRUCTION:	Book at which water was first found	
(5) BOKE HOLE CONSTRUCTION:	Depth at which water was first found	
Special Construction approval Yes No Depth of Completed Well 228ft. Explosives used Yes No Type Amount	From To Estimated Flow Rate SWI	
Explosives used Yes No Type Amount	87' 225' 400+ 42	
HOLE SEAL Amount	7	
Diameter From To Material From To sacks or pounds		
8" 52 232 Cement 228 232 /Sack		
8" 52 232 Cement 228 232 /sack	(12) WELL LOG:	
	Ground elevation	
How was seal placed: Method A B B C D E	Material From To SWI	
Other	Material From 10 SW)	
Backfill placed from ft. to ft. Material	1015014 2 3	
Gravel placed from ft. to ft. Size of gravel	Brown Chay 3 d3	
(6) CASING/LINER:	Tray Chay 23 61	
Diameter From To Gauge Steel Plastic Welded Threaded	Hard Grown Char 61 17	
Casing 8" +2 230 250 \(\frac{1}{2}\)	Silly Brown Chall 79 85	
	Tracks Cemented avader 0.3 to 2	
	Medium grave 87 96 46	
	Sand & Med gravel 96 14342	
Liner:	Med grave 1+ Sand + Chay 143 225 42	
	Brown Char 1 225 230	
Final location of shoe(s) 230	Silty Sand 230 232	
(7) PERFORATIONS/SCREENS:		
Perforations Method Mill's Knife leviora	rfor	
Screens Type Material		
Slot Tele/pipe		
From To size Number Diameter size Casing Liner		
100' 225' 1/42 350		
(9) WELL TESTS, Minimum testing time is 1 hours		
(8) WELL TESTS: Minimum testing time is 1 hour	Date started 4/15/97 Completed 5/15/93	
☐ Pump ☐ Bailer ☒ Air ☐ Artesian	(unbonded) Water Well Constructor Certification:	
	I certify that the work I performed on the construction, alteration, or aband	
Yield gal/min Drawdown Drill stem at Time	ment of this well is in compliance with Oregon well construction standards. Mater	
400+ 44' 7 10 thr.	used and information reported above are true to my best knowledge and belief.	
	WWC Number	
	Signed Date	
Temperature of Water 53° Depth Artesian Flow Found	(bonded) Water Well Constructor Certification:	
during this time is in compliance with Oregon well construction standards. This report		
Did any strata contain water not suitable for intended use? \square Too little is true to the best of my knowledge and belief.		
Salty Muddy Odor Colored Other	WWC Number 3	
Depth of strata:	Signed	

MARI 18468

From: Theresa Taaffe [mailto:Theresa.Taaffe@pgn.com]

Sent: Tuesday, May 04, 2010 5:01 PM

To: webmaster

Subject: Changing Owner's Name

It's come to my attention that the well on my property is still listed under my ex-husband's name (Michael J. Taaffe). I need to change this reference to myself, as I am the sole owner of the property and responsible for the well. I can provide a copy of the divorce or title if necessary.

Address: 7015 Killdeer Street NE, Salem, OR 97305

Name: Theresa Taaffe

Application: G 12217 Permit: G 11670 Log ID: MARI 18468

Please let me know if you are able to complete this transaction, or what next steps I need to

take. Thank you!