

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

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JAN - 5 1996

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(START CARD) # 47983

WATER RESOURCES DEPT.

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

(1) OWNER: Well Number _____
Name Billy Gudesen - Bar G Farms
Address 7982 Sunnyview Rd.
City Salem State Ore. Zip 97305

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 390 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14"	0'	30'	CEMENT-BENT.	0'	30'	20W/5% bent.
10"	30'	280'				
8" CASING SET - CEMENTED	244'	280'				13 SKS.
8"	280'	390'				

How was seal placed: Method A B C D E
 Other LOWER SEALING 8" INTO ROCK UPPER ANNULUS
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1	256'	260"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	232'	253'	322"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	253'	280'	250"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 10' - 255'

(7) PERFORATIONS/SCREENS: NONE

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

12-19-95 320 GPM 160' 3 hrs.
12-27-95 400 GPM 215' 5 hrs.

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom Waterlab
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 7-S N or S Range 2-W E or W. WM. _____
Section 14 SE 1/4 SW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7982 Sunnyview Rd. - Salem, Ore. 97305

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date 12/28/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 12'

From	To	Estimated Flow Rate	SWL
12'	24'	3+ gpm	10'
21'	180'	UNKNOWN	34'
358'	368'	160	60'
386'	390'	200	60'
300'	344'	40	60'

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Brown topsoil	0'	3'	
Brown clay	3'	12'	
Brown silty clay w-B.	12'	24'	10'
Brown w/ Blue clay	24'	25'	
Brown clay - dense	25'	37'	
Brown sandy clay	37'	51'	
Brown silty clay w/ some sand	51'	61'	
Brown sandy clay	61'	71'	
Gravel, brown sand w/ sandy clay	71'	88'	
Gravel, sand w/ light brown clay	88'	90'	
Gravel, sand, brown clay, Formed looser	90'	112'	
Brown clay w/ gravel	112'	121'	
Brown-green clay + gravel	121'	123'	
Gravel, sand-brown, well-there w/ some sandy clay binder	123'	141'	34'
Muddy brown sand w/ some clay	141'	143'	
Sandy brown clay	143'	158'	

Date started 8/31/95 Completed 12/28/95

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
WWC Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed Michael Woodruff / Floyd Siepp WWC Number 633/1273 Date Jan. 2, 1996

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STATE OF OREGON WATER SUPPLY WELL REPORT

JAN - 5 1996

(START CARD) # 47983

Instructions for completing this report are on the last page of WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Name Billy Gydesen-Bar G Farms Well Number Address State Zip City

(2) TYPE OF WORK New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD: Rotary Air Rotary Mud Cable Auger Other

(4) PROPOSED USE: Domestic Community Industrial Irrigation Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well ft. Explosives used Yes No Type Amount

Table for HOLE SEAL with columns for Diameter, From, To, Material, From, To, Sacks or pounds

How was seal placed: Method A B C D E Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Material, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem at Time 1 hr.

Temperature of water Depth Artesian Flow Found Was a water analysis done? Yes By whom Did any strata contain water not suitable for intended use? Too little Salty Muddy Odor Colored Other Depth of strata:

(9) LOCATION OF WELL by legal description: County Latitude Longitude Township N or S Range E or W. WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns for From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

WELL LOG table with columns for Material, From, To, SWL. Includes handwritten entries like 'Loose streaks of gravel, sand w/ some clay', 'Dark brown clay-medium dense', etc.

Date started Completed

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above.

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Instructions for completing this report are on the last page of this WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Name Billy Gydesen - Bar-G Farms Well Number Address State Zip City

(2) TYPE OF WORK: [] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No Depth of Completed Well ___ ft. Explosives used [] Yes [] No Type ___ Amount ___

Table for SEAL: Diameter, From, To, Material, From, To, Sacks or pounds. How was seal placed: Method [] A [] B [] C [] D [] E

Backfill placed from ___ ft. to ___ ft. Material ___ Gravel placed from ___ ft. to ___ ft. Size of gravel ___

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Table for PERFORATIONS/SCREENS: Columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

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

Table for WELL TESTS: Columns for Pump, Bailer, Air, Flowing, Artesian, Yield gal/min, Drawdown, Drill stem at, Time 1 hr.

Temperature of water ___ Depth Artesian Flow Found ___ Was a water analysis done? [] Yes By whom ___ Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other ___ Depth of strata: ___

(9) LOCATION OF WELL by legal description: County ___ Latitude ___ Longitude ___ Township ___ N or S Range ___ E or W. WM. ___ Section ___ 1/4 ___ 1/4 ___ Tax Lot ___ Lot ___ Block ___ Subdivision ___ Street Address of Well (or nearest address) ___

(10) STATIC WATER LEVEL: ___ ft. below land surface. Date ___ Artesian pressure ___ lb. per square inch. Date ___ (11) WATER BEARING ZONES:

Table for WATER BEARING ZONES: Depth at which water was first found, From, To, Estimated Flow Rate, SWL.

(12) WELL LOG:

Table for WELL LOG: Ground Elevation, Material, From, To, SWL. Includes handwritten entries: Basalt + hard, red clay; Basalt + green clay; Black basalt - hard; Basalt - greenish hue - soft; Basalt - hard; Seamed, broken basalt w/B; Basalt - hard; Broken basalt - vesicular w/B.

Date started ___ Completed ___

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed ___ WWC Number ___ Date ___

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

Signed ___ WWC Number ___ Date ___