

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

MARI
50902

id# L 02990

(START CARD) # 89023

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

(1) OWNER: Well Number L04598
Name David Bielenberg
Address 16425 Herigstad Rd
City Silverton State OR Zip 97138

(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 600.5 ft.
Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		SEAL		Sacks or pounds
	From	To	Material	From	
13	0	386	Cement	386	35 SACKS
			Cement	45.8	35 SACKS
			Bent	0	30 SACKS
10	386	600.5			

How was seal placed: Method A B C D E
 Other Bent poured dry
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	41.5	386	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	386	17	600.5	250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 10" - 386' 8" - 600.5'

(7) PERFORATIONS/SCREENS:

Perforations Method Machined
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
47.7	50.5	1/8 x 3	100	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
20.5	600.5	1/8 x 3	100	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 530 Drawdown 2 Drill stem at 390 Time 1 hr.

Temperature of water 54 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 Manion Latitude _____ Longitude _____
Township 6S N or S Range 1E E or W. WM.
Section 21 NE 1/4 SE 1/4
Tax Lot 63 Lot 655 Block 00 Subdivision _____
Street Address of Well (or nearest address) 7277 Herigstad Rd

(10) STATIC WATER LEVEL:
327.3 ft. below land surface. Date 9/9/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 105

From	To	Estimated Flow Rate	SWL
65	75	5 GPM	20
320	352	10	320
430	440	100	327.3
550	600.5	430	327.3

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>See attached</u>			
RECEIVED			
SEP 17 1996			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 8-21-96 Completed 9-8-96
(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 Clint Johnson WWC Number 1507 Date 9-12-96

(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 Ray E. Stutes WWC Number 1358 Date 9-13-96

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SEP 17 1996

WATER RESOURCES DEPT.
SALEM, OREGON

DAVE BIELENBERG

(12) WELL LOG FORMATIONS

Material	From	To
Clay, brown	0	25
Clay, light gray	25	30
Boulders and cobbles	30	55
Conglomerate sandstone & clay, brown	55	65
Gray basalt w/ claystone green	65	75
Clay, gray w/large gravels	75	87
Clay, light brown	87	92
Clay, tan w/basalt, vesicular	92	103
Gray basalt, soft, fractured	103	135
Gray basalt, medium-hard	135	164
Gray & brown basalt, fractured	164	172
Basalt, very broken	172	185
Gray basalt, fractured	185	220
Gray basalt, soft, fractured with brown stains	220	250
Gray basalt, medium, fractured w/clay seams	250	285
Gray basalt, medium, slightly fractured	285	320
Black & brown claystone	320	352
Gray basalt, medium-soft	352	364
Gray basalt, hard	364	378
Black basalt, medium-hard	378	387
Black basalt, slightly fractured, medium-hard	387	410
Black basalt, medium, fractured	410	430
Black basalt, medium-soft, fractured	430	440
Black basalt, medium-soft, fractured and broken	440	485
Black basalt, hard, fractured	485	530
Black basalt	530	535
White claystone	535	545
Black coal	545	550
Black basalt, porous, fractured	550	590
Black basalt, heavily fractured	590	600.5

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 8-9-96
Date Hand-delivered _____
Watermaster Initials _____

sm MT

W 83023 5254
WRD Receipt
Date Fee Received 8-9-96

Check No. 749

RECEIVED

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

AUG - 9 1996

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original copy delivered to the Water Resources Department, 158 12th St. NE, Salem, OR 97310, no later than the date construction, alteration, conversion or abandonment work begins. A \$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used to obtain water (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. In addition, the constructor shall provide the "Watermaster Copy" of this notice to the office of the district watermaster within which the well is being constructed, altered, converted or abandoned using one of the following options: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work; or, (b) by hand delivery, during regular office hours, no later than the day work is commenced; or, (c) by FAX no later than the day work is commenced. If method (c) is used, the original "Watermaster copy" of this notice shall also be mailed or delivered to the office of the district watermaster no later than the day work is commenced. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address:

DAVID Bielenberg

16425 Henigstad RD Silvanon OR

Phone: 503-873-2710

Check type of work: Fee Required New construction Conversion No Fee Required Alteration (Repair/Recondition) Deepening Abandonment Original Start Card Number _____

Proposed Commencement Date 8-7-96 Existing or Proposed Well Depth 800 Diameter 8"

Check Use: Domestic Public System (Community) Industrial Irrigation Monitoring Thermal Injection Other _____

Proposed Well Location: County Marion Owner's Well Id. No. L02990

Township 6S (N or S) Range 1E (E or W) Section 21

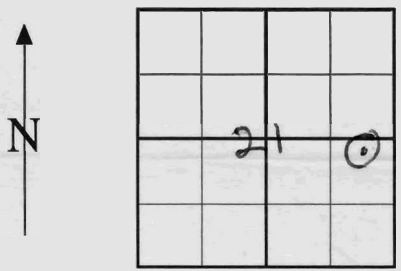
1. NE 1/4 of SE 1/4 of above section

2. Street address of well location 7277 Heintz RD Silvanon

3. Tax lot number of well location 63-655-00

4. Attach map with location identified. See reverse of this form for approved maps.

5. Show well location within 1/4, 1/4 of section grid at left.



We hereby certify that we have read the back of this form and that the information provided is accurate to the best of our knowledge.

Byron B. Hoke
Bonded Water/Monitor Well Constructor
[Signature]
Owner

License No. 1358 Company STACO

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required. The Oregon Health Division requires plans to be submitted and approved prior to construction if the well is to be used as a public system.

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM