

RECEIVED

WELL I.D.# L09251

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

MARI 51214

DEC 17 1996

(START CARD) # 94400

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

(1) OWNER: Well Number Name CARL JENSEN Address 6532 HOWELL PRAIRIE RD. City SILVERTON State OR Zip 97381

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 269 ft. Explosives used [ ] Yes [X] No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Row 1: 16, 0, 25, BENTONITE, 0, 25, 24 SACKS. Row 2: 12, 25, 270.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] Other BENTONITE POURED IN DRY Backfill placed from 228 ft. to 269 ft. Material Gravel placed from 8-12 CSS

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 12, +1.5, 250, .250, [X], [ ], [X], [ ]. Liner: 8, 229, 249, .250, [ ], [ ], [ ], [ ].

Final location of shoe(s) 250

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 249, 260, .040, [ ], 8", P/S, [ ], [ ]. Row 2: 118, 228, 3/8x2, 1650, [ ], [ ], [X], [ ].

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 405, 14, [ ], 1 hr. Row 2: 1016, 54, [ ], 6 HR. Row 3: 600, 28, [ ], 8 HR.

Temperature of water 55 Depth Artesian Flow Found Was a water analysis done? [ ] Yes By whom [ ] Too little [ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other Depth of strata:

(9) LOCATION OF WELL by legal description: County MARION Latitude Longitude Township 6S N or S Range 2W E or W. WM. Section 27 NW 1/4 SE 1/4 Tax Lot 2500 Lot Block Subdivision Street Address of Well (or nearest address) 75TH AVE. NE SILVERTON, OR

(10) STATIC WATER LEVEL: 54 ft. below land surface. Date 11-8-96 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 57

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 57, 261, 1000+, 54.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows include: TOP SOIL BROWN (0-2), CLAY BROWN SILTY (2-29), CLAY GREY (29-46), CLAY BROWN (46-57), CLAY BROWN SANDY (57-79), GRAVEL GREY BRN MED COURSE (79-94), LIGHT (94-102), GRAVEL W/SAND BRN COURSE (102-115), TO COBBLES LOOSE (115-123), GRVL & SAND GREY/BRN (123-129), COURSE TIGHT (129-154), CLAY BROWN (154-171), GRAVEL MED W?CLAY BRN (171-208), GRVL CRSE W/MORE CLAY BRN (208-249), GRAVEL CEMENTED GREY (249-252), CONT.

Date started 9-25-96 Completed 11-8-96

(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 [Signature] 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 [Signature] WWC Number 688 Date 11-18-96

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

WELL I.D.# L09251 DEC 17 1996

WATER RESOURCES DEPT. (START CARD) # 94400

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

(1) OWNER: Well Number \_\_\_\_\_  
Name CARL JENSEN  
Address 6532 HOWELL PRAIRIE RD.  
City SILVERTON State OR Zip 97381

(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 \_\_\_\_\_

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian

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 MARION Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 6S N or S Range 2W E or W. WM.  
Section 27 NW 1/4 SE 1/4  
Tax Lot 2500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 75TH AVE NE  
SILVERTON, OR

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

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
CONT.			
SAND GREY/GREEN MED WITH	252		
LAYERS OF HARD CEMENTATION		261	
CLAY GREY	261	270	

**Westerberg Drilling, Inc.**  
36728 S. Kropf Rd.  
Molalla, OR 97038  
829-2526

Date started 9-25-96 Completed 11-8-96  
(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 \_\_\_\_\_ 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 Stewart N. Stroh WWC Number 688 Date 11-18-96