

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

MARI 51915

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JUN 16 1997

WELL I.D.# L10565

WATER RESOURCES DEPT. (START CARD) # 95683

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

SALEM, OREGON

(1) OWNER:

Name Frank Lord Well Number _____
Address 5445 Forest Ridge Rd NE
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 160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>29</u>	<u>Bent</u>	<u>0</u>	<u>29</u>	<u>13 SACKS</u>
<u>6</u>	<u>29</u>	<u>160</u>				

How was seal placed: Method A B C D E
 Other Poured in 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:	<u>6</u>	<u>1</u>	<u>29</u>	<u>25</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4 1/2</u>	<u>0</u>	<u>160</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Skil Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>160</u>	<u>120</u>	<u>1/8 x 6</u>	<u>120</u>	<u>4 1/2</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>50</u>	<u>-</u>	<u>160</u>	<u>1 hr.</u>

Flowing Artesian
Temperature of water 50 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 1E E or W. WM.
Section 31 SE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as mailing

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date 6/11/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
<u>10</u>	<u>15</u>	<u>.5 GPM</u>	<u>10</u>
<u>124</u>	<u>126</u>	<u>50 GPM</u>	<u>20</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Clay brn Silty</u>	<u>0</u>	<u>10</u>	
<u>Gray s Clay</u>	<u>10</u>	<u>15</u>	
<u>Sandstone blue gray</u>	<u>15</u>	<u>30</u>	
<u>Sandstone Cong Silty</u>	<u>30</u>	<u>90</u>	
<u>Sandstone blue gray</u>	<u>90</u>	<u>124</u>	
<u>Broken</u>	<u>124</u>	<u>126</u>	<u>WB</u>
<u>Sandstone blue gray</u>	<u>126</u>	<u>160</u>	

Date started 6/9/97 Completed 6/11/97

(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 1701
Date 6/13/97

(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 1358
Date 6/13/97