

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

MARI
052

6/22/85b

(START CARD) # 19069

(1) OWNER: Well Number: 2873
 Name SPRINGLAKE FARMS, INC.
 Address 9995 River Road N.E.
 City Salem, OR 97303 State _____ Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 200' ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	19	Dry Bentonite	0	19	1050 pounds
8	0	200				

How was seal placed: Method A B C D E
 Other As Per 690-210-340
 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: 8	+1	200	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) 200'

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills Knife (3/8X2 1/2")
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
117	130		160			<input checked="" type="checkbox"/>	<input type="checkbox"/>
180	195		184			<input checked="" 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 _____
600+ _____ 200 _____ 1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 Nor or S, Range 2W E or W, WM.
 Section 8 NW ¼ NW ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
10400 Block of 45th Ave N.E.

(10) STATIC WATER LEVEL:
 _____ 30 ft. below land surface. Date 5/17/90
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
57	200	1000+	30'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	25	
Gray Clay	25	57	
Sandy Gray Clay	57	89	
Black Sand and Gravel	89	95	
Sandy Black Sand and Gravel	95	114	
Loose Black Sand and Gravel	114	130	
Blue Clay	130	152	
Black Sand	152	161	
Blue Clay	161	166	
Gravelly Blue Clay	166	172	
Loose Black Sand and Gravel	172	195	
Gray Silty Clay	195	198	
Loose Black Sand and Gravel	198	200	

RECEIVED
MAY 25 1990
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5/13/90 Completed 5/17/90

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Mark D. Best WWC Number 753
 Date 5/17/90

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Mark D. Best WWC Number 753
 Date 5/17/90