

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

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52193
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WELL I.D.# L16285
(START CARD) # 095472

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

(1) OWNER:

Name Ken Ogren
Address 10470 Sunnyview Rd
City Salem State OR Zip 97301

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	139	Cement	0	139	49 + bent.
8	139	394				

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: 8 in	0	139	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 7 in OD	65	345	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 139

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	325	8x8	132			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
250 to 300		392	1 hr.

Temperature of water 53 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: _____

WATER RESOURCES DEPT.
OREGON DEPARTMENT OF WELL by legal description:

County Marion Latitude _____ Longitude _____
Township 7-S N or S Range 1-W E or W. WM.
Section 19 NE 1/4 SE 1/4
Tax Lot 1800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10470 Sunnyview Rd Salem OR

(10) STATIC WATER LEVEL:

127 ft. below land surface. Date 8-15-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 58

From	To	Estimated Flow Rate	SWL
58	118	Cased off	-
194	392	250 to 300	127

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Boulders + brown clay	1	4	
Brown clay	4	20	
Decomposed basalt	20	58	
Broken basalt	58	118	
Weathered basalt	118	132	
Broken basalt + clay	132	134	
Black basalt	134	156	
Broken basalt	156	166	
Black basalt	166	172	
Broken basalt	172	184	
Black basalt	184	194	
Broken basalt	194	216	
Fractured Diced Basalt	216	392	
Gray Claystone	392	394	

Date started 7-16-97 Completed 8-15-97

(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 Tom L... WWC Number 1548
Date 8-16-97

(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 Floyd G. Sipe WWC Number 1273
Date 8-15-97