

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

Marion
52517

AMENDED WELL LOG

AUG 07 1998 WELL ID # 15781
 WATER RESOURCES DEPT. (START CARD) # 98850
 SALEM, OREGON

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

(1) OWNER: Well Number: 16781
 Name Jolly Y. Krautman
 Address 4199 75th Ave SE
 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 325 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	35	Cement	16	245	27 Sacks
8"	35	307	Bentonite	0	16	11 Sacks
6"	307	325				

How was seal placed: Method A B C D E
 Other CASING PLACED INTO CEMENT 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: 6"	+1	245	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 245'

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
50 _____ 325 1 hr.
 Temperature of Water 52 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 8/S N or S. Range 2/W E or W. of WM.
 Section 9 NE 1/4 SW _____
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address):
5765 Joseph Street SE Salem, Oregon

(10) STATIC WATER LEVEL:
208 ft. below land surface. Date 9/25/97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 74

From	To	Estimated Flow Rate	SWL
74	87	3	15
104	110	8	125
263	319	50-150	208

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	4	
Clay brown	4	12	
Sandstone green & tan	12	23	
Basalt decomposed	23	30	
Basalt grey	30	53	
Basalt brown weathered	53	65	
Basalt grey & brown	65	74	
Basalt black grey brown	74	87	
See next line	87	95	
Basalt black grey brown with claystone seams			
Basalt black	95	104	
Basalt black and brown broken	104	110	
See next line	110	125	
Basalt vesicular with weather yellow claystone			
Basalt black vesicular	125	132	
Basalt grey	132	165	
Basalt black and brown broken	165	178	
Basalt black	178	230	
Basalt black and brown	230	250	
Basalt black fractured	250	263	
Basalt black and brown vesicular	263	278	
Basalt black and brown broken	278	319	
Basalt grey with green seams	319	325	

Date started 9/22/97 Completed 9/25/97

(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 my best 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 Eugene D. Wood WWC Number 1394
 Date 7-30-98
 Mack Drilling Company, Inc.

RECEIVED

STATE OF OREGON WATER SUPPLY WELL REPORT

MARI 52517

NOV 04 1997

WELL ID # 15781

(START CARD) # 98850

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

WATER RESOURCES DEPT.

(1) OWNER: Well Number: 15781 Name: Heritage Seedlings Address: 4199 75th Ave SE City: Salem State: OR Zip: 97301

(2) LOCATION OF WELL by legal description: County: Marion Township: 8/S N or S. Range: 2/W Section: 9 NE 1/4 SW Tax Lot: 300 Street Address of Well (or nearest address): 5765 Joseph Street SE Salem, Oregon

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 325 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Amount. Row 1: 12", 0, 35, Cement, 16, 245, 27 Sacks. Row 2: 8", 35, 307, Bentonite, 0, 16, 11 Sacks. Row 3: 6", 307, 325.

How was seal placed: Method [] A [] B [X] C [] D [] E [X] Other Casing placed into cement 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: 6" +1 245 .250 [X] [] [X] [] Liner: None Final location of shoe(s) 245'

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

(8) WELL TESTS: Minimum testing time is 1 hour Pump [] Bailer [] Air [X] Flowing Artesian [] Yield gal/min: 50 Drawdown: 325 Drill stem at: 1 hr. Time

Temperature of Water 52 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:

(10) STATIC WATER LEVEL: 208 ft. below land surface. Date 9/25/97 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 74, 87, 3, 15. Row 2: 104, 110, 8, 125. Row 3: 263, 319, 50-150, 208.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Rows include: Top soil, Clay brown, Sandstone green & tan, Basalt decomposed, Basalt grey, Basalt brown weathered, Basalt grey & brown, Basalt black grey brown, See next line, Basalt black grey brown with claystone seams, Basalt black, Basalt black and brown broken, See next line, Basalt vesicular with weather yellow claystone, Basalt black vesicular, Basalt grey, Basalt black and brown broken, Basalt black, Basalt black and brown, Basalt black fractured, Basalt black and brown vesicular, Basalt black and brown broken, Basalt grey with green seams.

Date started 9/22/97 Completed 9/25/97

(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 my best knowledge and belief.

Signed [Signature] WWC Number 1854 Date 10-07-97

(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 1394 Date Mack Drilling Company, Inc.