

AUG 07 1998

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

AMENDED WELL LOG

WATER RESOURCES DEPT.

SALEM, OREGON

WELL ID # 15794

(START CARD) # 106820

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

(1) OWNER: Well Number: 15783
 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 405 ft.
 Explosives used Yes No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	25	BENTONITE	0	35	10 SACKS
8"	25	345	CEMENT GRT	35	200	17 SACKS
6"	345	405				

How was seal placed: Method A B C D E
 Other CASING LOWERED INTO CEMENT
 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	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) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tela/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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Baller Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time
 50 405 2 HRS

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 NW 1/4 NE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
 5765 JOSEPH STREET SALEM, OREGON 97301

(10) STATIC WATER LEVEL:
 166 ft. below land surface. Date 10/20/97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 90-94

From	To	Estimated Flow Rate	SWL
90	94	5	38
210	225	20	166
225	265	10+	166
265	287	20+	166

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	5	
CLAY RED	5	12	
DECOMPOSED BASALT	12	16	
BASALT GREY	16	28	
BASALT BROWN GREY & GREEN SOFT	28	43	
BASALT GREY HARD W/FRXS	43	51	
BASALT GREY DENSE	51	70	
BASALT GREY FRX	70	72	
BASALT GREY HARD	72	80	
BASALT W/CLAYSTONE BLUE & GREY	80	90	
See next line	90	94	
BASALT FRX & SOME WEATHERED GREY & BR			
BASALT BLACK MED. HARD	94	126	
See next line	126	134	
BASALT BR W/CLAYSTONE TAN & CLAY BR SOFT			
See next line	134	140	
BASALT BR & GREY VESICULAR SOFT SOME WEATHERED			
See next line	140	158	
BASALT GREY & BR MED. HARD VESICULAR			
BASALT GREY & BROWN FRX	158	210	
BASALT GREY BR & GREEN FRX	210	225	
BASALT GREY & BLK FRX	225	262	
BASALT GREEN FRX	262	270	
BASALT BR & GREY	270	275	

Continued on next page

Date started 10/17/97 Completed 10/20/97

(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 A. Mack* WWC Number 1394
 Date 1-30-99
 Mack Drilling Company, Inc.

RECEIVED

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

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52518

NOV 04 1997

WELL ID # 15783
(START CARD) # 106820

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

(1) OWNER: Well Number: 15783
Name HERITAGE SEEDLINGS
Address 4199 75TH AVE SE
City SALEM State OR Zip 97301

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 NW 1/4 NE 1/4
Tax Lot 300 Lot Block Subdivision
Street Address of Well (or nearest address)
5765 JOSEPH STREET SALEM, OREGON 97301

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

(10) STATIC WATER LEVEL:
166 ft. below land surface. Date 10/20/97
Artesian pressure _____ lb. per square inch. Date _____

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

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

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

From	To	Estimated Flow Rate	SWL
90	94	5	38
210	225	20	166
225	265	10+	166
265	287	20+	166

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 405 ft.
Explosives used Yes No Type _____ Amount _____

(12) WELL LOG:
Ground elevation _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	25	BENTONITE	0	35	10 SACKS
8"	25	345	CEMENT GRT	35	200	17 SACKS
6"	345	405				

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BASALT GREY	16	28	
BASALT BROWN GREY & GREEN SOFT	28	43	
BASALT GREY HARD W/FRXS	43	51	
BASALT GREY DENSE	51	70	
BASALT GREY FRX	70	72	
BASALT GREY HARD	72	80	
BASALT W/CLAYSTONE BLUE & GREY	80	90	
See next line	90	94	
BASALT FRX & SOME WEATHERED GREY & BR	94	126	
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See next line	134	140	
BASALT BR W/CLAYSTONE TAN & CLAY BR SOFT	140	158	
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BASALT GREY & BROWN FRX	225	262	
BASALT GREY & BLK FRX	262	270	
BASALT GREEN FRX	270	275	
BASALT BR & GREY			

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 _____

Continued on next page
Date started 10/17/97 Completed 10/20/97

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 6" +1 200 .250
Liner:
Final location of shoe(s) _____

(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 _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

(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 _____ WWC Number 1394
Date 10-21-97
Mack Drilling Company, Inc.

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
50 _____ 405 _____ 2 HRS

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: _____

