

RECEIVED

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Name: Oregon State Parks
Address: 1115 Commercial St NE
City: Salem State: OR Zip: 97301

Well Number: 2 WATER RESOURCES DEPT. SALEM, OREGON

MAR 12 2001

WELL ID # L 22920
START CARD # 111223

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No
Depth of Completed Well 1042
Explosives Used Yes No Type _____ Amount _____

HOLE SEAL sacks or pounds

Diameter	From	To	Material	From	To	sacks or pounds
12"	0'	96'	Cement	0'	96'	45
11"	96"	880'	Cement	96'	365'	75
11"	875'	933"	Cement	880'	930'	30
8"	933'	1040				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 365' to 875' Material Gravel
Gravel placed from _____ to _____ Size of gravel 1/4"

(6) CASING/LINER: CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	1.5'	933'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINER:
Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
200		1042	1 hr.

Temperature of water 59 Depth Artesian Flow Found _____
Was a water analysis done? _____ By whom: _____
Did any strata contain water not suitable for intended use? (explain) No
Depth of Strata: _____

(9) LOCATION OF WELL by legal description:
County: Marion Latitude: _____ Longitude: _____
Township: 8S Range: 1E
Section: 26 NW 1/4 NW 1/4
Tax Lot: _____ Lot: N/A Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
Hwy 214

(10) STATIC WATER LEVEL:
690' Ft. below land surface Date 1/04/2000
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 32'

From	To	Est. Flow Rate	SWL
32'	62'	25	32'
320'	320'	15	290'
860'	880'	35	698'
995'	1000'	50	690'
1017'	1023'	150	690'

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
Top soil	0	5	
Tuff, Gravels	5	16	
Gravels, Cobles	16	32	
Gravels, Cobles Boulders	32	56	
Broken Hard claystone	56	58	
Gravels and Basalt boulders	58	62	
Claystone with basalt stringers	62	88	
Claystone Brown	88	113	
Claystone and Basalt Layers	113	123	
Basalt	123	138	
Claystone Green	138	177	
Basalt	77	181	
Claystone Green	181	213	
Claystone with Basalt layers	213	231	
Claystone brown	231	262	
Sandstone and basalt layers	262	280	
Sandstone with silty Basalt layers	280	320	
Sandstone	320	330	290
Claystone and sandstone layers	330	345	
Claystone Green and Brown	345	381	
Claystone, Ash with wood	381	397	
Sandstone, Silty	397	426	
Claystone Gray	426	502	
Basalt Back	502	543	
Claystone Gray	543	555	
Basalt Black	555	600	
Claystone Gray	600	615	

Date Started: 11/21/99 Completed: 1/03/2000
(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 Marty McCoy WWC Number 1620 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 _____ WWC Number 723 Date _____

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MAY 04 2001
WATER RESOURCES DEPT. SALEM, OREGON

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MARI
 55530

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 START CARD # _____

(1) OWNER:

Well Number: 2

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

(2) TYPE OF WORK:

(repair/

New Well Deepening Alteration/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 _____

Explosives Used Yes No Type _____ Amount _____

Diameter	From	To	Material	SEAL		sacks or pounds
				From	To	

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ to _____ Material _____

from _____ to _____ Material _____

Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>

Final location of Shoe(s): _____

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Section: _____ 1/4 _____ 1/4

Tax Lot: _____ Lot: _____ Block: _____ Subdivision: _____

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ Ft. below land surface Date _____

Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Est. Flow Rate	SWL

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Basalt Black	615	649	
Claystone Gray, Green	649	750	
Basalt Black Hard	750	838	
Claystone	838	865	
Basalt Brown soft	865	895	698'
Basalt Black hard	895	995	
Basalt Black fractured	995	1000	690'
Basalt Black	1000	1017	
Basalt broken	1017	1023	690'
Basalt Black Hard	1023	1042	
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WATER RESOURCES DEPT. SALEM, OREGON			
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WATER RESOURCES DEPT. SALEM, OREGON			

Date Started: 11/21/99

Completed: 1/03/2000

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Signed _____ WWC Number 1620
 Date 1/4/2000

(bonded) Water Well Constructor Certification:

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Signed _____ WWC Number _____
 Date _____