

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 517.263)
WATER RESOURCES DEPARTMENT
Instructions for completing this report are on the front page of this form.

MAR 1 2001

(1) LAND OWNER: Well Number _____
Name: Lewis Lakeshore Nursery, Inc
Address: 581 Landcaster Dr SE Suite 275
City: Salem State: OR Zip: 97301

(2) TYPE OF WORK
 New Well Deepening Alteration (repositioning) 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 148'
Explosives used: Yes No Type: _____ Amount: _____

BORE		SEAL	
Diameter	From To	Material	To or pounds
16	0	18 Cement	0
14	18	32	32
10	32	148	23+ bent.

How was seal placed: Method TA TB TC TD TE
 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	Threated
Casing: 10 in	18 in	48.6	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					

Drive Shoe used: Inside Outside None
Final location of shoe(s): 1468' 6 in

(7) PERFORATIONS/SCREENS:

Perforations Method: Mills Knife
 Screens Type: _____ Material: _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing size	Liner
100	129.5	1/2	2	7 1/2		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Artesian

Yield gpm	Drawdown	Drift size at	Time
150	38' 7"		4 hr

Temperature of water: 54 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes (to) _____
 Salty Murky Odor Colored Other _____
Depth of strata _____

(9) LOCATION OF WELL, by legal description:
County: Marion Latitude: _____ Longitude: _____
Township: 7-5 N or S Range: 2-W E or W WM
Section: 28 SW 1/4 SE 1/4
Tax Lot: 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well by county address: 5590 State St SE Salem, OR

(10) STATIC WATER LEVEL:
44.5' ft. below land surface Date: 3-1-01
Artesian pressure: _____ lb. per square inch Date: _____

(11) WATER BEARING ZONES:

Depth at which water was first found: 11

From	To	Estimated Flow Rate	SWL
11	21	Trace	
59	148	150+	44.5'

(12) WELL LOG:

Material	From	To	SWL
Crushed Fill	0	3	
Top Soil	3	8	
Brown Clay	8	11	
Silty brown clay	11	21	
Brown & Tan clay	21	31	
Brown clay & gravel	31	33	
Silty brown sand	33	48	
Brown clay with sandy seams	48	55	
Packed brown sand	55	59	
Brown light red sandy clay	59	63.5	
Med brown gravel with clay binder	63.5	66	
Semi-Tight gravel	66	72	
Brown clay & gravel	72	74	
Very sandy brown clay	74	81	
Brown Sand - Muddy	81	86	

Cont. Pg 2

Date started: 2-7-01 Completed: 3-1-01

(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.

Signature: [Signature] WWC Number: 1624 Date: 2-1-01

(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.

Signature: [Signature] WWC Number: 1273 Date: 3-1-01

STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORS 517.765)

MAR 1
55544

Pg 2 of 2
WELL I.D. # 47523
START CARD # 137245

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

(1) LAND OWNER: Well Number
Name Lewis Lakeshore Nursery, Inc.
Address 581 Landcaster Dr SE Suite 275
City Salem State OR Zip 97301

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

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

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

(5) BORE HOLE CONSTRUCTION:
Spec of Construction approved: Yes No Depth of Completed Well 148 ft
Explosives used: Yes No Type: Amount:

BORE		SEAL		Strikes or pounds
Diameter	From To	Material	From To	

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:

Casing	Diameter		Gauge	Steel	Plastic	Welded	Thermit
	From	To					

Liner:

Drove	Size	used	Inside	Outside	None

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gallons Drawdown Drift seen at Time

Time
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? Yes No
 Salty Murky Oily Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL, by legal description:
County Marion Latitude _____ Longitude _____
Township 7-5 N or S Range 2-W E or W WM
Section 28 SW 1/4 SE 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well or nearest address 5590 State St
SE Salem OR

(10) STATIC WATER LEVEL:
44.5 ft below land surface Date 3-1-01
Artesian pressure _____ ft per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI
		RECEIVED	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
Large to Med gravel with brown clay	86	106	
Tight brown sand and gravel	106	112	
Brown clay + gravel	112	122	
Semi-compacted Tight sand + gravel	122	126	
Med to Large gravel with brown clay	126	131	
Med to large gravel	131	141	
Semi Tight Brown Clay	141	146.5	
Dark gray basalt	146.5	148	

RECEIVED
MAR 19 2001
WATER RESOURCES DEPT
Date started 2/28/01 Completed 3-1-01

(Authorized) Water Well Constructor Certification:
I certify that the work 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 [Signature] WWC Number 4128 Date 3-1-01

(Unlicensed) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well through 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 1273 Date 3-1-01