MARI 56226

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

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

WELL I.D. # L 24674
START CARD # 136239

(1) LAND OWNER Well Number _____
Name Mike & Julie Farnham
Address 1560 Casa Real Ln.
City San Marcos, ~~Calif~~ State Calif. Zip 92069

(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 168 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	Material	SEAL From	To	Sacks or pounds
orig. 10"	0'	20'	orig. cement & Bent.-orig. log sent herewith.Marion # 8518			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other orig.
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:	orig.6"	0'	20'	.250	☒	☐	☒	☐
We added	-6"	12"+	xx	.250	☒	☐	☒	☐
	(above	pump	hse.floor)		☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4½"	6"-	168'	Class 200	☒	☒	& screwed	
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) none

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Skill saw
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
148'	167'	1/8x6"	-32	4½"		☐	☒
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
approx.14.4	approx. 7'		1 hr.

Temperature of water approx. 56° 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 7 S. N or S Range 1 E. E or W. WM.
Section 35 N.W. 1/4 S.E. 1/4
Tax Lot 00400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 19997 Winters - Hill Rd.,Silverton,Ore.97381

(10) STATIC WATER LEVEL:
approx 55' ft. below land surface. Date 10/20/01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found orig.155'

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation approx.1600'

Material	From	To	SWL

RECEIVED
NOV 28 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10/17/01 Completed 11/23/01

(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.
Signed Paul R. Stadeli WWC Number 296 Date 11-27-01

(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.
Signed Paul R. Stad WWC Number 296 Date 11-27-01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER