

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

MARI 56474

MAE1
 56474

WELL ID # L **48799**

START CARD # **141222**

(1) OWNER: Well Number: _____
 Name **Mike Thompson Farms**
 Address **8095 Delphinium N.E.**
 City **Salem** State **OR** Zip **97305**

(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 **175'** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
16in.	0'	50'	cement	0'	50'	32 sacks	
12in.	50'	175'					

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12in.	+2'	175'	.25in	<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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) **175'**

(7) PERFORATIONS/SCREENS:

Perforations Method **mills knife**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90'	120'	3/8x2	590			<input checked="" type="checkbox"/>	<input type="checkbox"/>
135'	155'	3/8x2	390			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10/16/01 300	51'	67'swl	7hrs
03/08/02 400	58'	57'swl	3hrs

Temperature of Water **56deg** Depth Artesian Flow found _____
 Was a water analysis done? Yes No 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 **7S** N or S. Range **2W** E or W. of WM
 Section **23** NE 1/4 **NE** 1/4
 Tax lot **100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **8095 Delphinium NE & South of church at 8512 Sunnyview Rd.**

(10) STATIC WATER LEVEL: **SWL 57'** **03/08/02**
67 ft. below land surface. Date **10/16/2001**
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
90'	155'	300-350	67'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay	0'	23'	
Dense blue-gray clay	23'	24'	
Soft blue clay	24'	29'	
Blue-brown clay	29'	32'	
Dense brown clay	32'	51'	
Sandy brown clay	51'	56'	
Sand-gravel, cemented	56'	63'	
Brown clay with gravel	63'	66'	
Cemented gravel	66'	79'	
Sand-gravel with some gray clay	79'	90'	
Large-small gravel with sand and some gray clay		106'	67'
Large gravel with clay	106'	120'	67'
Brown silty clay with gravel	120'	130'	
Gravel with gray clay	130'	155'	67'
Gray clay with gravel	155'	158'	
Gray clay	158'	175'	

First flow test 10/16/01 SWL 67'; second flow test on 03/08/02 SWL 57'
RECEIVED
APR 03 2002

WATER RESOURCES DEPT.
 Date **SALEM, OREGON** Completed **10/6/2001**

(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 **Max Mander** WWC Number **749**
 Date **4-2-02**

(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 **Michael Waldrop** WWC Number **633**
 Date **4/1/2002**