

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

*Amended*

WELL I.D. # L 55053  
START CARD # 147695

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

(1) LAND OWNER Name John Ritter Well Number \_\_\_\_\_  
Address 1217 Golden Ln N  
City Keizer State OR Zip 97303

(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 161 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Backsaw pounds
Diameter	From To	Material	From To	
6	69 161	Cement	0 69	12

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: 6 in	1'4 69	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 in	+1 161	#160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) Casing ring at 69 ft.

(7) PERFORATIONS/SCREENS:

Perforations Method Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
102	157	1/8 x 6	122			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
40		160	1 hr.

Temperature of water 57 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 9-5 N or S Range 3-W E or W. WM.  
Section 15 SE 1/4 NE 1/4  
Tax Lot None Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address) None First property on Hochspeier Rd on W-Side

(10) STATIC WATER LEVEL:  
60 ft. below land surface. Date 5-1-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 108

From	To	Estimated Flow Rate	SWL
108	141	40	60

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil with gray Clay	0	4	
Brown & gray Clay	4	12	
Brown Claystone weathered	12	24	
Gray Claystone with Sandstone seams	24	108	
Fractured gray Sandstone	108	141	60
Gray Sandstone	141	161	

Date started 4-27-02 Completed 5-1-02

(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 [Signature] WWC Number 1629 Date 5-2-02

(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 Floyd Lipp WWC Number 1273 Date 5-2-02

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

WELL I.D. # L 55053  
START CARD # 147695

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

(1) LAND OWNER  
Name John Ritter Well Number \_\_\_\_\_  
Address 1217 Golden Ln N  
City Keizer State OR Zip 97303

(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 161 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Backfill pounds
<u>10</u>	<u>0</u>	<u>69</u>	<u>Cement</u>	<u>0</u>	<u>69</u>	<u>12</u>
<u>6</u>	<u>69</u>	<u>161</u>				

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 \_\_\_\_\_

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>6 in</u>	<u>1'4"</u>	<u>69</u>	<u>.25</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4 in</u>	<u>+1</u>	<u>161</u>	<u>#760</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None

(7) PERFORATIONS/SCREENS:  
 Perforations Method Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>102</u>	<u>157</u>	<u>1/8 x 6</u>	<u>122</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>40</u>		<u>160</u>	<u>1 hr.</u>

Temperature of water 57 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 9-5 N or S Range 3-W E or W. WM.  
Section 15 NE 1/4 NE 1/4  
Tax Lot None Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) None First property on Hochspher Rd on W-Side

(10) STATIC WATER LEVEL:  
60 ft. below land surface. Date 5-1-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 108

From	To	Estimated Flow Rate	SWL
<u>108</u>	<u>141</u>	<u>40</u>	<u>60</u>

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Top Soil with gray Clay</u>	<u>0</u>	<u>4</u>	
<u>Brown + gray Clay</u>	<u>4</u>	<u>12</u>	
<u>Brown Claystone</u>			
<u>weathered</u>	<u>12</u>	<u>24</u>	
<u>Gray Claystone with Sandstone seams</u>	<u>24</u>	<u>108</u>	
<u>Fractured gray Sandstone</u>	<u>108</u>	<u>141</u>	<u>60</u>
<u>Gray Sandstone</u>	<u>141</u>	<u>161</u>	

RECEIVED

MAY 07 2002

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 4-27-02 Completed 5-1-02

(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 [Signature] WWC Number 1629 Date 5-2-02

(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 Floyd Lipp WWC Number 1273 Date 5-2-02