

STATE OF OREGON
WATER SUPPLY WELL REPORT

MAY 09 2003

Pg 1 of 2
WELL I.D. # L 62638
START CARD # 147664

(as required by ORS 537.765)

WATER RESOURCES DEPT.

Instructions for completing this report are on the reverse of this form.

(1) LAND OWNER

Name Therese Sprauer + Abel Zavala
Address 6219 Topaz St. 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 258 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
16	0	68	Cement	0	151
12	68	153			86 + bend
8	153	258			

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
8 in	+1	258	.25	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 258

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
220	250	3/8 x 2	420			<input checked="" 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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
220	40 ft		2 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? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Marion Latitude _____ Longitude _____
Township 6-S N or S Range 2-W E or W. WM.
Section 9 SE 1/4 SE 1/4
Tax Lot 2500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as #1

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 4-1-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 66

From	To	Estimated Flow Rate	SWL
66	132	100 +	27' 10"
151	258	400 +	30

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	2	
Brown Clay	2	12	
Brown Clay silty	12	35	
Clay gray + brown	35	46	
Clay gray - Sticky	46	57	
Clay gray hard + Sticky	57	63	
Clay gray - Sandy	63	66	
Sand with gray clay	66	76	
Clay gray Sticky with some sand	76	97	
Clay gray with sand and gravel	97	102	
Clay brown sandy	102	105	
Gravel with sand	105	117	27' 10"
Gravel large tight	117	132	
Clay blue gray	132	142	
Clay blue gray with a little gravel	142	146	

Date started 2-6-03 Completed 4-1-03

(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 Marc Mendonca WWC Number 749 Date 4-9-03

(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 A. Sipe WWC Number 1273 Date 4-9-03

STATE OF OREGON
WATER SUPPLY WELL REPORT
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MAY 07 2003

Pg 2 of 2

WELL I.D. # 62638
START CARD # 147664

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) LAND OWNER

Name Therese Sprauer + Abel Zavala Well Number _____
Address 6219 Topaz ST NE
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 258 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks 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	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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	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"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
			1 hr.

Temperature of water _____ 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:

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30 ft. below land surface. Date 4-1-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay sticky gray	146	151'6	
Gravel with some gray clay	151'6	181	30
Gravel with some sand + brown clay	181	197	
Sand with large to small gravel	197	201	
Gravel small to large with some clay	201	244	
Gravel small to large with coarse sand	244	255	
Gravel with brown clay	255	258 258	

Date started 2-6-03 Completed 4-1-03

(unbonded) Water Well Constructor Certification:

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Signed Marc Mardins WWC Number 749 Date 4-9-03

(bonded) Water Well Constructor Certification:

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Signed Floyd J. Supp WWC Number 1273 Date 4-9-03