

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 69326

(START CARD) = 163681

(1) OWNER: Well Number 1  
Name Jerry Stewart  
Address 336 46th Avenue SE  
City Salem State OR Zip 97301

(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 203 ft.  
Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL      |      |    | Sacks or pounds |  |
|----------|------|-----|-----------|------|----|-----------------|--|
| Diameter | From | To  | Material  | From | To |                 |  |
| 10       | 0    | 2   | Hole Plug | 0    | 2  | 1-50lb          |  |
| 10       | 2    | 80  | Cement    | 2    | 80 | 18-94lb         |  |
| 6        | 80   | 203 |           |      |    |                 |  |

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other Poured & Probed

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        | +1-1/2 | 80  | .250  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Liner  | 4        | 0      | 203 | .160  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Final location of sheets 80

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw Cut  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To  | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                               |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 163  | 203 | 1/8x7     | 30     | 7        |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing  
Yield gal/min \_\_\_\_\_ Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time \_\_\_\_\_  
30 \_\_\_\_\_ 195 \_\_\_\_\_ 1 hr \_\_\_\_\_

Temperature of water 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 44 49.089N Longitude 122 59.010W

Township 9 S Range 2 W WM

Section 6 14 14

Tax Lot Not Lot Assgnd Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address) 9428 Roseland Way SE

Turner, OR 97392

(10) STATIC WATER LEVEL:

60.5 ft. below land surface. Date 2/25/04

Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

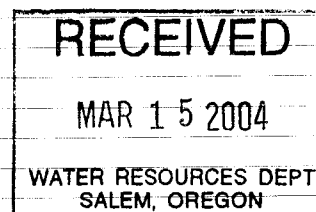
Depth at which water was first found 140

|     | From | To  | Estimated Flow Rate | SWI  |
|-----|------|-----|---------------------|------|
| 140 |      | 160 | 20                  | 60.5 |
| 180 |      | 203 | 10+                 | 60.5 |

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

| Material                                          | From | To  | SWI  |
|---------------------------------------------------|------|-----|------|
| Top Soil                                          | 0    | 2   |      |
| Clay Brown Firm & Sticky                          | 2    | 36  |      |
| Basalt Dark Gray Fractured w/Firm Seams           | 36   | 60  |      |
| Basalt Light Gray Firm                            | 60   | 128 |      |
| Basalt Dark Gray Fractured w/Broken & Loose Seams | 128  | 203 | 60.5 |



Date started 2/23/04 Completed 2/25/04

(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.

WWC Number 1725  
Signed Tom Reynolds Date 2/27/04

(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.

WWC Number 1725  
Signed Tom Reynolds Date 2/27/04