

WELL LABEL # L 83926

START CARD # 186752

(1) LAND OWNER Owner Well I.D. _____
 First Name Robert and Della Last Name Stadel
 Company STADELI LIVING TRUST; STADELI, ROBERT AND DELLA
 Address 6401 MACLEAY RD SE
 City SALEM State OR Zip 97301

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 402.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	10	Cement	0	260	92	S
10	10	260					
6.25	260	402					

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	260	.250	<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"/>
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<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"/>

Shoe Inside Outside Other Location of shoe(s) 260

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	width	length	slots	pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
240		400	1
160		252	.3
45		152	.3

Temperature 57 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Marion Twp 7.00 S N/S Range 1.00 W E/W WM

Sec 10 SW 1/4 of the SW 1/4 Tax Lot 1400

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

12498 PIKE LANE, SILVERTON

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	09-08-2006		107.2

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
09-07-2006	84	106	4		74
09-07-2006	188	195	11		74
09-07-2006	236	252	6		74
09-07-2006	288	295	110		107.2
09-08-2006	343	385	130		107.2

(11) WELL LOG

Ground Elevation 388

Material	From	To
Soil and Rock	0	3
Weathered Basalt	3	6
Decomposed Basalt Brown, Harder with Depth	6	48
Basalt Gray and Black Med Hard	48	84
Basalt Brown and Gray Some Fractures (WB)	84	106
Basalt Red Weathered	106	110
Basalt Gray with Some Brown Med	110	145
Basalt Gray Hard with Some Brown slightly fractured	145	188
Basalt Black and Brown Fractured (WB)	188	195
Basalt Black Med Hard Some Fractures	195	220
Basalt Gray Hard	220	236
Basalt Gray Med Some Fractures (WB)	236	252
Basalt Gray Hard	252	265
Basalt Black Some Fractures	265	288
Basalt Black Very Broken (WB)	288	295
Basalt Black Fractured	295	318
Basalt Gray Hard	318	343
Basalt Black and Green, Fractured and Vesicular(WB)	343	385
Basalt Black Med Hard	385	402

Date Started 09-05-2006 Completed 09-08-2006

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1523 Date 09-18-2006

Electronically Filed

Signed ROBERT STADELI (E-filed)

Contact Info (optional) _____

Map of well

