

MARI 60007

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

WELL I.D. # L 59238

START CARD # 184658

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

(1) LAND OWNER Well Number 48
 Name Ramiro Rodriguez
 Address P.O. Box 18517
 City Salem State OR Zip 97305

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

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

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 133 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10	0	19	3/8 Bent	0	19	9 sacks

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

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	11	133	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner:	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"/>

Drive Shoe used Inside Outside None

Final location of shoe(s) 133

(7) PERFORATIONS/SCREENS
 Perforations Method Plasma Torch
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
128	133	1/4	16			<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
75		132	1 hr

Temperature of water 53 Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Marion
 Tax Lot 1300 Lot _____
 Township 55 N or S Range 1 W E or W WM
 Section 17 NW 1/4 SW 1/4

Lat _____ " or 45.13395 (degrees or decimal)
 Long _____ " or 122.84596 (degrees or decimal)

Street Address of Well (or nearest address)
280 St Pacific Hwy.

(10) STATIC WATER LEVEL
49 ft. below land surface. Date 07/06/2006
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 32

From	To	Estimated Flow Rate	SWL
59	76		49
59	76		49
84	133		49

(12) WELL LOG Ground Elevation 180

Material	From	To	SWL
Top Soil	0	2	
Brown Silty Clay	2	32	
Blue Silty Clay	32	41	
Blue Clay	41	59	
Grey Sandy Clay	59	76	49
Blue Clay	76	84	
Black Sand	84	121	49
Black Sand & Gravel	121	134	49
Black Sand & Gravel with Blue Clay	134		

Date Started 07/06/2006 Completed 07/06/2006

(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.

WWC Number _____ Date _____

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.

WWC Number 561 Date 07/06/2006

Signed Dallas & Davis

RECEIVED
 OCT 24 2006