

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # 1. 85065

START CARD # 190222

(1) LAND OWNER Owner Well I.D. _____

First Name MIKE Last Name THOMPSON
 Company _____
 Address 8095 DELPHINIUM RD NE
 City SALEM State OR Zip 97305

(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 242 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	Unit
14	0	44	Cement	0	44	30	S
11.75	44	160	Cement	137	159.5	16	S
10	160	242					

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"/>	10	<input checked="" type="checkbox"/>	1.5	159.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 159.5
 Temp casing Yes Dia _____ From _____ To _____

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

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 800 Drawdown _____ Drill stem/Pump depth 240 Duration (hr) _____

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) _____
 From _____ To _____ Description _____
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FEB 21 2007
WATER RESOURCES DEPT SALEM, OREGON

(9) LOCATION OF WELL (legal description)

County MARION Twp 7 S N/S Range 2 W E/W WM
 Sec 23 NW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' _____ " or _____ DMS or DD
 Long _____ ° 0 ' _____ " or _____ DMS or DD
 Street address of well Nearest address

8095 DELPHINIUM RD NE SALEM 97305

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	02-02-2007			55

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 9

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
01-29-2007	9	22	5			4
01-29-2007	63	97	150			54
02-09-2007	160	242	800			55

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	4
Silty brown and gray clay	4	22
Gray clay	22	44
Very sandy gray clay	44	46
Large brown sand and gravel	46	53
Light brown sand and gravel some loose seams	53	90
Gray sand and gravel	90	97
Red cinders	97	110
Red and gray clay	110	127
Firm brown basalt	127	137
Greenish light gray basalt	137	160
Brown basalt with broken seams	160	185
Semi-weathered gray and brown basalt	185	224
Large broken basalt porous	224	242

Date Started 01-29-2007 Completed 02-09-2007

(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 1629 Date 02-13-2007
 Password: (if filing electronically) _____
 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 1273 Date 02-13-2007
 Password: (if filing electronically) ****
 Signed *Floyd Supp*
 Contact Info (optional) _____