

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

WELL LABEL # L 87446

START CARD # 194898

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company LENA PAGE LIVING TRUST  
 Address 12351 CENTERWOOD RD  
 City JEFFERSON State OR Zip 97352

**(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 282 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
10	0	163	Bentonite	0	10	6	S
6	163	282	Cement	10	163	35	S

How was seal placed: Method  A  B  C  D  E

Other Bentonite dry

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 checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	163	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	<input checked="" type="checkbox"/>	1	282	#200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4.5	222	277	.125	6	52	

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		280	2

Temperature 53 °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 S N/S Range 1 W E/W WM  
 Sec 19 SE 1/4 of the SE 1/4 Tax Lot 1900  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ ° 0' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ ° 0' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

10520 SUNNYVIEW RD NE, SALEM

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>08-17-2007</u>		<u>163</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 10

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
08-14-2007	10	10	5		7
08-16-2007	122	156	8		96
08-17-2007	230	282	50		163

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Top soil	0	1
Hard brown clay	1	5
Soft brown silty clay and boulders	5	10
Medium dark gray basalt	10	45
Hard light gray basalt	45	76
Weathered brown basalt with wood and tan claystone	76	122
Weathered gray basalt	122	156
Dark gray basalt	156	230
Fractured gray basalt	230	236
Weathered gray and brown basalt with porous seams	236	276
Semi-fractured dark gray basalt	276	282

Date Started 08-14-2007 Completed 08-17-2007

**(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 08-22-2007  
 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 08-22-2007  
 Password: (if filing electronically) \*\*\*\*  
 Signed Floyd Sippe  
 Contact Info (optional) \_\_\_\_\_