

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

DEC 03 2007

WELL LABEL # L 87483

START CARD # 194917

(1) LAND OWNER Owner Well **WATER RESOURCES DEPT**

First Name _____ Last Name **SALEM, OREGON**
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	1	1	S
6.25	163	282	Cement	1	161	52	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"/>	1	161	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	<input type="checkbox"/>	0	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 drill
Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	4.5	242	277	.625	.625	75		

(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	1

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 NE 1/4 of the SE 1/4 Tax Lot 1900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

10520 SUNNYVIEW RD, SALEM

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	10-30-2007		132

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 103

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-29-2007	103	150	10		90
10-30-2007	210	282	50		132

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	2
Brown clay	2	3
Gray basalt	3	10
Semi-broken gray basalt	10	15
Gray basalt	15	42
Medium gray basalt	42	77
Gray clay	77	82
Brown and tan clay	82	97
Void no return of cuttings	97	103
Weathered basalt	103	150
Gray basalt	150	165
Medium gray basalt	165	210
Medium gray basalt with weathered seams	210	266
Weathered basalt some porous	266	282

Date Started 10-26-2007 Completed 10-30-2007

(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 11-01-2007

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 11-01-2007

Password: (if filing electronically) ****

Signed *Floyd Jipp*

Contact Info (optional) _____