

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(WELL I.D.)# L 92430

(START CARD) # 197206

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

(1) OWNER: Well Number **4916**  
Name **Oregon Parks & Recreation**  
Address **725 Summer St. NE, Suite C**  
City **Salem** State **Oregon** Zip **97301**

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well **120** ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	76	Cement	14	76	35 sacks
6	76	120	Bentonite	0	14	11 sacks

How was seal placed: Method  A  B  C  D  E  
 Other **Poured dry**  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1'3"	98'9"	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
40	All	120	1 hr

Pump  Bailer  Air  Flowing Artesian

Temperature of water **54** Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County **Marion** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township **3** S Range **1** W WM.  
Section **32** SW 1/4 SW 1/4  
Tax Lot **200** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) **10767 Butte St. NE**  
**Aurora, OR 97002**

(10) STATIC WATER LEVEL:  
**12** ft. below land surface. Date **12/19/2007**  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found **40**

From	To	Estimated Flow Rate	SWL
40	70	30+	12
sealed out			
80	120	40+	12

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown clay	0	10	
Blue grey silty clay w/some pea gravel	10	30	
Broken brown & black basalt	30	120	12

**RECEIVED**

DEC 31 2007

WATER RESOURCES DEPT  
SALEM, OREGON  
JONES DRILLING CO., INC.  
29400 SANTIAM HWY.  
LEBANON, OR 97355  
541-367-2560 541-451-2686  
1-800-915-8388

Date started **12/17/2007** Completed **12/19/2007**

(unbonded) Water Well Constructor Certification:  
I certify that the work I performed on the construction, 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.  
Signed *[Signature]* WWC Number **1411** Date **12/21/2007**

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, 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.  
Signed *[Signature]* WWC Number **1684** Date **12/21/2007**