

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 87492

START CARD # 171677

(1) LAND OWNER

Owner Well I.D. _____

First Name GARY Last Name CAMERON

Company _____

Address 6442 SCISM ROAD N.E.

City SILVERTON State OR Zip 97381

(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 160 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/ lbs
16	0	55	Cement	0	66	55	S
14	55	66					
11.75	66	160					

SEAL

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 checked="" type="checkbox"/>	10		2	160	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 160

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method HOLTE

Screens Type _____ Material _____

Perf/S	Casing/	Screen	Scm/slot	Slot	# of	Tele/		
Perf	Casing	Dia	From	To	width	length	slots	pipe size
		10	140	155	.25	1	600	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		158	6

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

RECEIVED
 JAN 22 2008

(9) LOCATION OF WELL (legal description)

County MARION Twp 6 S N/S Range 1 W E/W WM

Sec 30 NE 1/4 of the SW 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ ° 0' _____ " or _____ DMS or DD

Long _____ ° 0' _____ " or _____ DMS or DD

Street address of well Nearest address

6442 SCISM ROAD SILVERTON OR 97381

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	01-15-2008		33

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 20

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
01-09-2008	20	20	5		13
01-09-2008	47	49	5		13
01-15-2008	102	158	500		33

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	4
Brown clay with gray silt seams	4	26
Blue gray clay	26	32
Blue clay and gravel	32	35
Blue gray clay with seams of sandy blue clay	35	70
Very large tight gravel	70	78
Semi-tight dark brown sand and gravel	78	102
Black sandy gravel	102	116
Small to large sand and gravel with red /brown clay	116	135
Medium to large sand and gravel tight	135	152
Brown sand and gravel	152	158
Blue green clay and gravel	158	160

Date Started 01-08-2008 Completed 01-15-2008

(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 01-17-2008

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 01-17-2008

Password : (if filing electronically) ****

Signed Royd Spivey

Contact Info (optional) _____

WATER RESOURCES DEPT
 ORIGINAL WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK