

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

WELL LABEL # L 87499

START CARD # 194902

(1) LAND OWNER Owner Well I.D. _____
 First Name FRED Last Name MUELLER
 Company _____
 Address 6576 55TH AVE 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 160 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
14	0	38	Cement	0	38	50	S
11.5	38	160					

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	155	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		155	160	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

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

Perf	Casing	Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
				10	120	155	.25	1	1,400	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800		158	10

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 6 S N/S Range 2 W E/W WM
 Sec 29 SE 1/4 of the SE 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ ° 0' _____ " or _____ DMS or DD
 Long _____ ° 0' _____ " or _____ DMS or DD
 Street address of well Nearest address

JUST N OF 6695 55TH AVE

(10) STATIC WATER LEVEL
 Date _____ SWL(psi) _____ + SWL(ft) _____

Existing Well / Predeepening	Completed Well	Date	SWL(psi)	+ SWL(ft)
		03-22-2008		13

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 32

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-22-2008	32	160	800		13

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	10
Brown clay semi-silty	10	22
Brown clay	22	32
Fine brown sand	32	44
Medium to large gray sandy gravel	44	57
Medium gravel with green clay binder	57	60
Semi-tight gray sand and gravel	60	69
Medium semi-tight gray sand	69	92
Semi-tight sand and gravel	92	114
Medium to large sand and gravel with loose seams	114	160

Date Started 03-17-2008 Completed 03-22-2008

(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 03-25-2008
 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 03-25-2008
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____