

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

WELL LABEL # L 95539  
 START CARD # 198449

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
 First Name JERRY Last Name MILLER  
 Company \_\_\_\_\_  
 Address 9905 EDMUNSON DR SE  
 City SALEM State OR Zip 97317

(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 162 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
10	0	78	Bentonite	0	9	5	S
8	78	104	Cement	9	78	17	S
6.13	104	162					

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	Pisc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		2	78	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		-2	162	#160	<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
			4.5	102	157	.75	.75	116	

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

Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
 150 \_\_\_\_\_ 160 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 8 S N/S Range 2 W E/W W  
 Sec 2 SE 1/4 of the NE 1/4 Tax Lot 801  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or 44.90666667 DMS or DE  
 Long \_\_\_\_\_ " or 122.88972222 DMS or DE  
 Street address of well  Nearest address

8362 MACLEAY RD SE

(10) STATIC WATER LEVEL Date \_\_\_\_\_ SWL(psi) + SWL(ft)  

Existing Well / Predeepening	Completed Well	07-01-2008	17

 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 48

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-30-2008	48	67	3		14
07-01-2008	84	162	150		17

(11) WELL LOG Ground Elevation

Material	From	To
Firm top soil	0	4
Brown clay	4	10
Brown silty clay	10	25
Medium dark gray basalt semi-fractured	25	38
Soft black basalt ( ash )	38	48
Semi-fractured dark gray basalt	48	67
Hard dark and light gray basalt	67	84
Dark gray basalt with fractured seams	84	162

RECEIVED  
 JUL 03 2008  
 WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 06-26-2008 Completed 07-01-2008

(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 07-02-2008  
 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 07-02-2008  
 Password: (if filing electronically) \*\*\*\*  
 Signed *Floyd Sippel*  
 Contact Info (optional) \_\_\_\_\_