STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)



WELL I.D. # L <u>93409</u>	
START CARD # 198387	

Instructions for comp	oleting this report	are on the las	t page of	this form.							
(1) LAND OWNER Well Number					= $ $	(9) LOCATION OF WELL (legal description) County Marion					
Address 9460 Sunn	yview Rd. NE					Tax Lot 100		Lot			
City Salem	St	ate OR	Ziŋ	97317		Township 7	S	Range 2	W	WM	
					— I	Section 24	NE	1/	4 NE	1/4	
(2) TYPE OF WORK			rsion	Lat ' ' or (degrees or decimal) Long ' ' or (degrees or decimal)							
(3) DRILL METH											
Rotary Air					Street Address of Well (or nearest address) 9460 Sunnyview Rd. NE Salem, OR 97317						
(4) PROPOSED US Z Domestic C		ndustrial 🗸	Tericatio			(10) STATIC WA	TER LEVEL ft. below land surfa	ce. Da	ite 8-20-08		
✓ Domestic ☐ Community ☐ Industrial ✓ Irrigation ☐ Thermal ☐ Injection ☐ Livestock ☐ Other					A holow land and	an Da	t a				
					—	Artesian pressure	ft. below land surfa		te		
(5) BORE HOLE (Depth of Completed W Explosives used: \(\square\) \(\)	Vell <u>197</u> fi	L.			No	(11) WATER BE	ARING ZONES				
	-			-		Depth at which water					
BORE HOLE Diameter From 14" 0	To Mate		SEAL To 34	Sacks or Pou 40 sacks	nds	110 From	To 160	Estimated 100+ gpm	I Flow Rate	SWL 44.5'	
12" 12	99 Cemer	nt 34	99	39 sacks							
8" 99	197										
					—					<u> </u>	
How was seal placed:		A DB	N C	□D □E		(12) WELL LOG	Groun	nd Elevation			
Other Bentonite		0 1/				Mate		From	To	SWL	
Backfill placed from _			terial	-1		Soil		0	1		
Gravel placed from	ft. to	IL Size	e or grave	el		Clay brown		1	30		
(6) CASING/LINE	R					Cemented gravel		30	38		
Diameter I	From To	Gauge Steel	Plastic	: Welded Thre	eaded	Basalt grey hard		38	56		
Casing: 8" +	1.5 99	250 🔀			⊒	Basalt black & gr		56 67	67.		
		📙			⊒	Basalt grey harde Basalt fractured		110	110 149		
		250				Basalt grey w/ re		149	160		
Liner: None		H	H	H :	╡╶╽	Basalt dark grey		160	197		
Zaion <u>Hone</u>			Ħ	<u> </u>	5 I						
Drive Shoe used I	naide 171 Ontaide	— — —	_		_						
Final location of shoe	—	I None									
rmai location of shoc	B) <u>33</u>				_					 	
(7) PERFORATIO	NS/SCREENS										
☐ Perforations	Method	<u>None</u>									
☐ Screens	Туре _		Mat	erial		Date Started 8-18-0	8 Co	mnleted 8-2	0-08		
From To	Slot Number	Diameter	Tele/pip	e Casing Li	iner			<u> </u>			
	Size		size			(unbonded) Water					
		l certify that the work I performed on the construction, deepening, alteration, or									
					H ∣	construction standard					
		-		- H :	H I	the best of my know	ledge and belief.		•		
		1		— H i	5 I	WWG N1 49E	•	Date 8-2	2.00		
		<u>'</u>	_		-	WWC Number 135		Date 0-2	2-00		
(8) WELL TESTS:	: Minimum test Bailer			g Artesian		Signed Sy	not	tule	<u></u>		
Yield gal/min	Drawdown	Drill stem		Time		(bonded) Water 🚧					
100+	N/A	197'		1 hr.		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						
Temperature of water		Depth Artesiar	Flow Fo	ound		and belief.					
Was a water analysis done? Yes By whom				WWW.Y 1 000							
Did any strata contain water not suitable for intended use?				WWC Number 688 Date 9-22-08							
	☐ Odor ☐ Col	ored ∐ Othe	r			Signed	The many many	STA	deli		
Depth of strata:			R	ECEIVE	ED	Uigiloti					