

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

(1) LAND OWNER Well Number _____
 Name Wilbur Klopfenstein
 Address 6041 75th Ave NE
 City Salem State OR Zip 97305

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 238 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
16"	0	65	Bentonite	0	2	3 sacks
			Cement	2	65	32 sacks
12"	65	238				

How was seal placed: Method A B C D E
 Other Bentonite placed 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: 12"	+2	238	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 238'

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
151	233	1/4 x 1.5	4920			<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
450	122'		8 hr.

Temperature of water 50 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 (legal description)
 County Marion
 Tax Lot 2200 Lot _____
 Township 6 S Range 2 W WM
 Section 34 SE 1/4 NW 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) 6954 Hazelgreen Rd. NE
Salem, OR 97305

(10) STATIC WATER LEVEL
65 ft. below land surface. Date 9-23-08
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 130'

From	To	Estimated Flow Rate	SWL
130	234	450 gpm	65'

(12) WELL LOG Ground Elevation _____

Soil	Material	From	To	SWL
Clay brown silt		0	1	
Silt grey		1	28	
Clay blue		28	35	
Silt grey packed		35	43	
Packed silt brown		43	55	
Clay brown		55	64	
Silt brown packed		64	68	
Cemented gravel brown w/ sand		68	87	
Clay grey		87	118	
Cemented gravel		118	121	
Sand & gravel brown		121	185	
Cemented gravel		185	200	
Siltstone grey		200	234	
		234	238	

Date Started 9-10-08 Completed 9-23-08

(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.

WWC Number 1358 Date 10-9-08
 Signed [Signature]

(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.

WWC Number 688 Date 10-9-08
 Signed [Signature]