

STATE OF OREGON  
WATER SUPPLY WELL REPORT

FEB 05 2009

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

WATER RESOURCES DEPT  
SALEM, OREGON

WELL LABEL # L 97856  
START CARD # 198569

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name Mike Last Name Thompson  
Company \_\_\_\_\_  
Address 8095 Delphinium Rd N.E.  
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 182 ft.

BORE HOLE SEAL sacks/lbs  
Dia From To Material From To Amt S

14	0	45	Cement	0	45	24	S
10	45	182					

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 Stil Plstc Wld Thrd

<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	1	182	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Shoe  Inside  Outside  Other Location of shoe(s) 182  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Perf	Casing	Screen	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
			10	150	177	.25	1	1,350	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400		180	3

Temperature 55 °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 7 S N/S Range 2 W E/W WM  
Sec 20 1/4 of the 1/4 Tax Lot 900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat 44 ° 57 ' 16.00" or 44.95444444 DMS or DD  
Long -122 ° 57 ' 24.00" or -122.95666667 DMS or DD  
 Street address of well  Nearest address

No Address SE corner of Cordon Rd. and Sunnyview Rd. Salem OR

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

Existing Well / Predeepening		
Completed Well	10-27-2008	28

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 15

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-20-2008	15	21	20		17
10-27-2008	70	182	400		28

(11) WELL LOG Ground Elevation

Material	From	To
Top soil firm	0	4
Brown clay	4	15
Gray and brown silt	15	21
Blue-gray clay	21	51
Blue clay sticky with large gravel	51	70
Muddy fine sand dark gray	70	87
Medium to large tight sand and gravel	87	102
Large tight brown sand and gravel with loose seams	102	157
Tight brown sand and gravel	157	166
Semi-soft brown clay and large gravel	166	167
Semi-loose medium to large brown and gray sand and gravel	167	182

Date Started 10-20-2008 Completed 10-27-2008

(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 10-29-2008  
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 10-29-2008  
Password: (if filing electronically) \_\_\_\_\_  
Signed Floyd Suppe  
Contact Info (optional) \_\_\_\_\_