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

WELL LABEL # L	30855
START CARD#	200784

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name Last Name	County MARION Twp 7 S N/S Range 2 W E/W WM
Company Suburban East Salem Water Dist.	Sec 30 SW 1/4 of the SW 1/4 Tax Lot 5200
Address 3805 LaBranch Street SE	Tax Map Number Lot
City Salem State OR Zip 97301	Lat ° " or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long or DD DMS or DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address
(2) DRU L METHOD	3805 LaBranch Street SE, Salem, OR
Rotary Air Rotary Mud Cable Auger Cable Mud	
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening 01-08-2009 13
Industrial/ Commercial Livestock Dewatering	Completed Well
Thermal Injection Other	Flowing Artesian? Dry Hole?
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	WATER BEARING ZONES Depth water was first found
Depth of Completed Well ft.	SWL Date From To Est Flow SWL(psi) + SWL(ft)
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	
	(1) WELL 100
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other A Massirl	Existing 12" casing & 8" casing cut off @ 4 ft.
Backfill placed from ft. to ft. Material Size	New 12" casing added @ 4 ft. to +1.5 ft.
Explosives used: Yes Type Amount	Existing seal undisturbed.
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
Shoe Inside Outside Other Location of shoe(s)	RECEIVED
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	JAN 2 1 2009
Perforations Method	
Screens Type Material	WATER RESOURCES DEPT
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/	Date Started OREGON Completed 01-08-2009
creen Liner Dia From To width length slots pipe size	
	(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
(A) WELL TROTTS AND A STATE OF THE STATE OF	the best of my knowledge and belief.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date Password : (if filing electronically)
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed
Field gal/illili Diawdown Dilli stell/Fullip deptil Duration (iii)	(bonded) Water Well Constructor Certification
	I accept responsibility for the construction, deepening, alteration, or abandonmen
	work performed on this well during the construction dates reported above. All work
Temperature °F Lab analysis Yes By	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.
Water quality concerns? Yes (describe below) From To Description Amount Units	
	Password (if filing electronically) Date 01-19-2009
	Signed
	Contact Info (optional)