

Mari  
62347

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

WELL LABEL # L 94470  
START CARD # 200348

**(1) LAND OWNER** Owner Well I.D. 5001  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company City of Scotts Mills  
Address P.O. Box 220  
City Scotts Mills State OR Zip 97375

**(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 393 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
12	0	399	Cement	14	136	58	S
			Bentonite	0	14	15	S

How was seal placed: Method  A  B  C  D  E

Other Poured dry

Backfill placed from 136 ft. to 138 ft. Material Bentonite

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	1.6	138	330	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	138	368.5	330	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia 12 From 0 To 100.5

**(7) PERFORATIONS/SCREENS**

Perforations Method Machined  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/Screen	Scrn/slot	Slot	# of	Tele/
reen	Liner	width	length	slots	pipe size
Perf	Liner	From	To		
		221.5	368.5	.188	3
					2,128

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
117	.5		30

Temperature 54 °F Lab analysis  Yes By Analytical Laboratory

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**

County MARION Twp 6 S N/S Range 1 E E/W WM  
Sec 22 NW 1/4 of the NE 1/4 Tax Lot 2300  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

Intersection 5th St. & "C" St., Scotts Mills, OR

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	02-23-2009		138.5

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 63

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
11-20-2008	63	70	5		63
11-21-2008	140	185	100		138.5
11-24-2008	245	399	1,000		138.5

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
Brown clay	0	10
Brown clay & boulders	10	18
Brown clay & broken basalt	18	50
Broken basalt & clay	50	80
Black basalt	80	115
Broken black basalt	115	118
Black basalt	118	160
Broken black basalt	160	171
Black basalt	171	175
Broken basalt	175	196
Black basalt	196	240
Broken black basalt	240	265
Black basalt	265	330
Broken black basalt	330	337
Black basalt	337	385
Broken black basalt	385	393
Broken formation drilled	393	399
caved back to 393'		

Date Started 11-19-2008 Completed 02-23-2009

**(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 1411 Date 03-20-2009

Password: (if filing electronically) \_\_\_\_\_

Signed K. Tom

**(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 1684 Date 03-20-2009

Password: (if filing electronically) \_\_\_\_\_

Signed Bug

Contact Info (optional) bugdrilling@hotmail.com 1-800-915-8388

RECEIVED  
MAR 23 2009  
MAR 23 2009