

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

WELL LABEL # L 97870  
 START CARD # 200246

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name ALFREDO Last Name FERNANDEZ  
 Company \_\_\_\_\_  
 Address 13762 RIVER RD NE  
 City GERVAIS State OR Zip 97026

**(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 220 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
14	0	20	Bentonite	0	8	8	S
12	20	68	Concrete	8	68	78	S
8	68	220					

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite dry  
 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	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	1.5	220	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 220  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method Mills Knife  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
Perf	Casing	Dia	From	To	width	length	slots	pipe size
		8	190	205	.375	1.25	180	

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250	18	126	2

Temperature 54 °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 5 S N/S Range 2 W E/W WM  
 Sec 24 NE 1/4 of the SE 1/4 Tax Lot 1601  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat 45 ° 7 ' 15.00" or 45.12083333 DMS or DD  
 Long -122 ° 52 ' 18.00" or -122.87166667 DMS or DD  
 Street address of well  Nearest address

13930 BOONES FERRY RD NE, WOODBURN

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>05-14-2009</u>		<u>38</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 8

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-12-2009	8	61	100		5
05-14-2009	70	207	300		38

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Top soil	0	8
Brown silt	8	24
Fine silty blue clay	24	61
Blue gray clay	61	70
Fine dark gray sand	70	100
Fine gray silty sand	100	107
Sand and gravel semi-cemented	107	109
Tight dark gray sand with some gravel tight	109	120
Small to large dark gray sand and gravel some loose	120	143
Clay and gravel	143	145
Blue-gray clay and gravel	145	150
Very soft gray clay sandy	150	159
Gray clay and gravel	159	162
Blue-gray clay and gravel	162	169
Packed sand with same gravel	169	184
Semi-tight sand and gravel	184	196
Blue clay and gravel	196	197
Dark gray sand and gravel	197	207
Soft brown clay to blue clay	207	220

Date Started 03-12-2009 Completed 05-14-2009

**(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 1629 Date 05-18-2009  
 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 05-18-2009  
 Password : (if filing electronically) \*\*\*\*  
 Signed Floyd Sippe  
 Contact Info (optional) \_\_\_\_\_