

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

WELL LABEL # L 100507
START CARD # 202485

(1) LAND OWNER Owner Well I.D. _____

First Name RAY Last Name FORDYCE
 Company _____
 Address 7023 SUNNYVIEW RD NE
 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 139 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
10	0	46	Bentonite	0	7	4	S
6	46	139	Cement	7	46	16	S

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"/>	6	<input checked="" type="checkbox"/>	2	138	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		138	1

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 7 S N/S Range 2 W E/W WM
 Sec 15 NE 1/4 of the SE 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat 44 ° 57 ' 26.00" or 44.95722222 DMS or DD
 Long -122 ° 54 ' 55.00" or -122.91527778 DMS or DD
 Street address of well Nearest address

7023 SUNNYVIEW RD NE SALEM OR 97305

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07-16-2009		44

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 21

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
07-13-2009	21	32	10		2
07-16-2009	47	139	100		44

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	5
Gray and brown clay silty	5	21
Soft blue clay	21	32
Sticky blue clay	32	47
Sandy brown sand and large gravels	47	95
Tight brown gravel with some binder	95	111
Sand and gravel black ash	111	119
Brown clay and gravel	119	125
Gray and brown sand and gravel	125	139

RECEIVED

JUL 22 2009

WATER RESOURCES DEPT

SALEM, OREGON

Date Started 07-13-2009 Completed 07-16-2009

(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 07-17-2009
 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 07-17-2009
 Password : (if filing electronically) ****
 Signed Floyd J. [Signature]
 Contact Info (optional) _____