

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

MARI 62701

WELL LABEL # L 93619

START CARD # 201460

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Owner Well I.D.
First Name DARRELL Last Name CARRIER
Company _____
Address 1724 77th AVE SE
City SALEM State OR Zip 97317

(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 ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 282 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
			<u>SEAL</u>				
			<u>NOT</u>				
			<u>DISTURBED</u>				

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	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
☒	☒	<u>4"</u>	<u>+</u>	<u>1'</u>	<u>282'</u>	<u>160#</u>		☒	☒	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Circular SAW

Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
☒		☒			<u>222'</u>	<u>277'</u>	<u>1/8x6</u>	<u>6</u>	<u>70</u>	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>60+6PM</u>		<u>225'</u>	<u>1</u>

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 05 N or S Range 2W E or W W.M.
Sec 02 NE 1/4 of the NW 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 1724 77th AVE SE

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening	<u>10-10-09</u>			<u>78'</u>
Completed Well	<u>10-11-09</u>			<u>75'</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>10-11-09</u>	<u>233'</u>	<u>241'</u>	<u>30+</u>			<u>75'</u>
<u>10-11-09</u>	<u>265'</u>	<u>271'</u>	<u>30+</u>			<u>75'</u>

(11) WELL LOG

Material	From	To
<u>BASALT GRAY</u>	<u>202'</u>	<u>205'</u>
<u>BASALT GRAY SEMI-FRACTURED</u>	<u>205'</u>	<u>232'</u>
<u>BASALT VESICULAR-WTR BRG</u>	<u>232'</u>	<u>240'</u>
<u>BASALT GRAY W/ WEATHERED SEAMS</u>	<u>240'</u>	<u>265'</u>
<u>BASALT, BRWN-WEATHERED (WTR BRG)</u>	<u>265'</u>	<u>271'</u>
<u>BASALT, SEMI-WEATHERED</u>	<u>271'</u>	<u>280'</u>
<u>BASALT, WEATHERED</u>	<u>280'</u>	<u>282'</u>

Date Started 10-10-09 Completed 10-11-09

(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 _____ Date _____

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 633 Date 10-12-09

Signed Michael Waldrup
Contact Info. (optional)

WALDRUP WELL SERV., 503-559-5431