

Mari 62964

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

WELL LABEL # L 102909

START CARD # 204901

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

First Name KENNETH Last Name RASMUSSEN
 Company _____
 Address 603 SW LARKSPUR COURT
 City SUBLIMITY State OR Zip 97385

(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 101 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
16	0	14	Cement	0	14	24	S
11.75	14	101					

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	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		2	101	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 101

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holte
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	10	40	80	.25	1	1,600		
Perf	Casing	10	37	40	.25	1	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)
200		200	6

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 9 S N/S Range 1 E E/W WM
 Sec 16 1/4 of the _____ 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.78394444 - 44.789827 DMS or DD
 Long _____ " or 122.82416668 - 122.698893 DMS or DD
 Street address of well Nearest address

17674 N SANTIAM HWY, STAYTON

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	03-22-2010			4.3

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
03-22-2010	12	82	200			4.33

(11) WELL LOG

Material	From	To
Very sandy soil	0	5
Very large boulders with sand and gravel	5	15
Large sand and gravel with tight seams	15	40
Tight medium to large gravel with brown binder	40	75
Large boulders with weathered brown sandstone	75	82
Weathered brown sandstone	82	90
Gray claystone	90	101

RECEIVED

APR 13 2010

RECEIVED

WATER RESOURCES DEPT
 SALEM, OREGON

SEP 09 2010

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 02-01-2010 Completed 03-22-2010

(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 03-31-2010
 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 03-31-2010
 Password: (if filing electronically) ****
 Signed Floyd Sipp
 Contact Info (optional) _____