

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 102908

START CARD # 204900

(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 100 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
16	0	12	Cement	0	18	24 S
14	12	18				
9.62	18	100				

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 type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	100	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 100
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holte
Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	8	34	81	.25	1	1,880	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		98	1.5

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 44.78663889 DMS or DD
Long _____ " or -122.69875 DMS or DD
 Street address of well Nearest address

17674 N SANTIAM HWY, STAYTON

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening			
Completed Well	<u>02-26-2010</u>		<u>5</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 15

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>02-26-2010</u>	<u>15</u>	<u>92</u>	<u>60</u>		<u>5</u>

(11) WELL LOG

Material	From	To
Top soil	0	2
Large gravel and boulders gray	2	15
Semi-loose medium gravel with boulders	15	19
Tight brown sand and gravel with largw boulders	19	59
Tight brown sand and gravel	59	81
Cemented lrge boulders	81	92
Gray claystone	92	100

RECEIVED
APR 19 2010
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 02-09-2010 Completed 02-26-2010

(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 03-08-2010
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 03-08-2010
Password: (if filing electronically) ****
Signed Floyd Sippo
Contact Info (optional) _____