

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

06-14-2010

WELL LABEL # L 101826

START CARD # 202593

(1) LAND OWNER Owner Well I.D. 101826

First Name Stan Last Name Herr
Company
Address 10100 Selah Springs
City Silverton State OR Zip 97381

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 284.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs, sacks/

How was seal placed: Method [] A [X] B [] C [] D [] E

[X] Other Poured & Probed

Backfill placed from ___ ft. to ___ ft. Material ___

Filter pack from ___ ft. to ___ ft. Material ___ Size ___

Explosives used: [] Yes Type ___ Amount ___

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

Shoe [X] Inside [] Outside [] Other Location of shoe(s) 159

Temp casing [] Yes Dia ___ From ___ To ___

(7) PERFORATIONS/SCREENS

Perforations Method ___ Screens Type ___ Material ___

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

Table with columns: Perf/S, Casing/ Screen, green, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 55 °F Lab analysis [] Yes By ___

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Marion Twp 7.00 S N/S Range 1.00 W E/W WM Sec 7 NE 1/4 of the NE 1/4 Tax Lot 500

Tax Map Number ___ Lot ___

Lat ___ ' ___ " or ___ DMS or DD

Long ___ ' ___ " or ___ DMS or DD

[] Street address of well [X] Nearest address

10100 Selah Springs Rd Silverton, OR 97381

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)

WATER BEARING ZONES Depth water was first found 60

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation ___

Table with columns: Material, From, To

Date Started 05-20-2010 Completed 05-28-2010

(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.

License Number 1856 Date 06-14-2010

Electronically Filed

Signed MICHAEL K YACKEY (E-filed)

(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.

License Number 1394 Date 06-14-2010

Electronically Filed

Signed EUGENE MACK (E-filed)

Contact Info (optional)

