

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

WELL LABEL # L 102918
 START CARD # 205272

(1) LAND OWNER Owner Well I.D. _____
 First Name DANIEL Last Name LINDQUIST
 Company _____
 Address 7194 RIVER RD NE
 City KEIZER State OR Zip 97303

(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 138 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	53	Bentonite	0	6	3.5	S
6	53	138	Cement	6	53	15	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 checked="" 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) 138
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 200 _____ 137 _____ 2 _____

Temperature 55 °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 6 S N/S Range 3 W E/W WM
 Sec 26 SE 1/4 of the NE 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

7194 RIVER RD NE

(10) STATIC WATER LEVEL
 Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 06-14-2010 _____ 52
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 51

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
06-14-2010	51	138	200		52

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	6
Firm brown silt dry	6	39
Gray and brown clay	39	51
Gray and brown sand with clay	51	70
Semi-muddy brown sand and gravel with brown clay	70	125
Brown sand and gravel loose	125	138

RECEIVED

JUN 21 2010

WATER RESOURCES DEPT
 SALEM OREGON

Date Started 06-10-2010 Completed 06-14-2010

(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 06-15-2010
 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 _____
 Password: (if filing electronically) ***
 Signed *Floyd Sapp*
 Contact Info (optional) _____