

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

WELL LABEL # L 107633

START CARD # 1014859

(1) LAND OWNER Owner Well I.D. 5200

First Name Faye Last Name Phan
 Company _____
 Address 7452 Alexandra Way 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
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 130 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
10	0	42	Bentonite	0	42	18	S
6	42	130					

How was seal placed: Method A B C D E

Other Poured 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	Std	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1	119	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Air perforator

Screens Type _____ Material _____

Perf	Casing	Screen	Liner	Dia	From	To	Scrnm/slot width	Slot length	# of slots	Tele/ pipe size
				99	117		.375	1	1,440	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		80	1

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 7 S N/S Range 2 W E/W WM
 Sec 20 SW 1/4 of the NE 1/4 Tax Lot 2000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

5062 Swegle Rd. NE, Salem, OR 97317

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	09-15-2011		32

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 47

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-15-2011	47	68	20		32
09-15-2011	94	130	100		32

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	20
Blue clay	20	47
Black sandy gravel	47	68
Brown clay & gravel	68	74
Brown cemented gravel	74	94
Brown gravel cemented	94	130

Do not set pump below 119' Hole is unstable

RECEIVED

JONES DRILLING CO., INC. SEP 21 2011
 29400 SANTIAM HWY
 LEBANON, OR 97355 WATER RESOURCES DEPT
 541-367-2560 541-451-2686 SALEM, OREGON
 1-800-915-8388

Date Started 09-15-2011 Completed 09-15-2011

(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 1411 Date 09-19-2011

Password : (if filing electronically)

Signed *K. S. D. M.*

(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 1684 Date 09-19-2011

Password : (if filing electronically)

Signed _____
 Contact Info (optional) jonesdrilling@hotmail.com