

MARI 64151

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

WELL LABEL # L 107754
 START CARD # 1016072

(1) LAND OWNER Owner Well I.D. 5246
 First Name _____ Last Name _____
 Company Oregon Parks and Recreation Department
 Address 725 Summer Street NE, Suite C
 City Salem State OR Zip 97301-1266

(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 254 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
10	0	19	Cement	8	19	9 S
6	19	210	Bentonite	0	8	6 S
8	210	233.5	Cement	210	233.5	8 S
6	233.5	254				

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	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1.5	233.5	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5		221	242	188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5		252	254	188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 10 From 0 To 19

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

Perf/S	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
green	Liner					width	length	slots	pipe size
Screen			5	242	252	.014			5

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150 +		252	2
39	8.5	200	3.3

Temperature 54 °F Lab analysis Yes By _____
 Water analysis Yes (describe below)

Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County MARION Twp 4 S N/S Range 2 W E/W WM
 Sec 2 NW 1/4 of the SW 1/4 Tax Lot 500
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
7679 Champoeg Rd. NE, St. Paul, OR 97137

(10) STATIC WATER LEVEL
 Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 03-22-2012 _____ 40
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 231

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-22-2012	231	254	150+		40

(11) WELL LOG Ground Elevation _____

Material	From	To
Asphalt	0	.33
Gravel fill	.33	.83
Brown clay	.83	18
Blue sandy clay	18	47
Blue clay	47	98
Silty sandy clay	98	116
Blue clay	116	168
Salty sand w/some rocks	168	186
Blue clay	186	207
Black sandy clay	207	212
Blue clay	212	231
Black sand	231	238
Black sandy gravel	238	254

JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
1-800-915-8388

Date Started 03-22-2012 Completed 03-29-2012

(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 04-09-2012
 Password: (if filing electronically) _____
 Signed [Signature]

(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 04-09-2012
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) jonesdrilling@hotmail.com