

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

MARI 64909

10/2/2013

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

103761
209973

(1) LAND OWNER

Owner Well I.D.
First Name RICHARD Last Name KRAFT
Company KRAFT MASONRY INC
Address 8644 WARNER DR.
City SALEM State OR Zip 97317

(2) TYPE OF WORK

[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD

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

(4) PROPOSED USE

[] Domestic [] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [X] Other TEST WELL FOR WATER

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 340.00 ft. Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 16, 0, 18, Bentonite Chips, 0, 18, 19, S

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

[X] Other CHIPS DRY

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 12, 1, 18, 250, [X]

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

Temp casing [X] Yes Dia 12 From 0 To 18

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/Screen, Casing/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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 275, 340, 1

Temperature 51 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount

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

(9) LOCATION OF WELL (legal description)

County MARION Twp 7.00 S N/S Range 2.00 W E/W WM
Sec 26 SE 1/4 of the SE 1/4 Tax Lot 200
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [X] Nearest address

1/4 MILE WEST OF HOWELL PRAIRIE ROAD, WEST ON STATE ST. SOUTH OF NWN GAS FACILITY

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Row 1: 9/30/2013, 126

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 146.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows: 9/28/2013, 146, 148, 45, 126; 9/28/2013, 228, 233, 55, 126; 9/28/2013, 255, 260, 50, 126; 9/28/2013, 260, 265, 40, 126; 9/28/2013, 326, 340, 200, 126

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows: Soil brown (0-2), Clay med-soft brown (2-7), Clay yellow-brown mix sticky (7-19), Siltstone, gritty, brown, decomposed (19-56), Sandstone med brown-gray mix (56-81), Basalt med grey (81-146), Basalt altered multicolor (146-160), Basalt hard grey (160-228), Basalt altered multicolor (228-230), Basalt hard grey (230-233), Basalt hard very fractured (233-238), Basalt semi fractured black med hard (238-260), Basalt altered multi colored (260-265), Basalt hard grey (265-336), Basalt altered multi colored (336-340)

Date Started 9/27/2013 Complete 9/30/2013

(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 Date

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 723 Date 10/2/2013

Signed CHARLES STADELI (E-filed)

Contact Info (optional) Chuck Stadel 503-551-1930

