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

MARI 65538

12/13/2014

WELL I.D. LABEL# L
START CARD # 1024592
ORIGINAL LOG # MARION 5470

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company OREGON TERRITORY DEVELOPMENT LLC < JENEPP INVESTME

Address PO BOX 2087

City SALEM State OR Zip 97308

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☒ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:						○	○	☐	☐

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☒ Other PUMP HOIST

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well _____ ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen 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 ○ Air ○ Flowing Artesian

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

Temperature _____ °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 6.00 S N/S Range 3.00 W E/W WM

Sec 36 NE 1/4 of the SW 1/4 Tax Lot 700

Tax Map Number _____ Lot _____

Lat ___ ° ___ ' ___ " or _____ DMS or DD

Long ___ ° ___ ' ___ " or _____ DMS or DD

◉ Street address of well ○ Nearest address

5535 RIDGE DR NE KEIZER, OR. 97303

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well			☐	

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
					☐	
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To

Date Started 10/7/2014 Completed 10/7/2014

(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 1629 Date 12/13/2014

Signed JAMES GUNN (E-filed)

Contact Info (optional) _____

WATER SUPPLY WELL REPORT - continuation page

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WELL I.D. LABEL# L

START CARD # 1024592

ORIGINAL LOG # MARION 5470

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia	From	To

SEAL

Material	From	To	Amt	sacks/lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To

Comments/Remarks

6" Well, depth 99' Static water level 31' Cut off casing -1'
Preforated 2' to 98'. Holt perforater.
Pumped cement 99' up to -1 x 24 sacks.