	MARI 65741 WELL I.D. LABEL# L 117571 START CARD # 1026818
WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)	6/30/2015 ORIGINAL LOG #
LAND OWNER Owner Well I.D.   rst Name CHARLES Last Name OLSON	
mpany	(9) LOCATION OF WELL (legal description)
Idress 5405 HAZELGREEN ROAD N.E.	County MARION Twp 6.00 S N/S Range 2.00 W E/W W
y SALEM State OR Zip 97305	Sec     32     NE     1/4 of the     SE     1/4     Tax Lot     500
TYPE OF WORK X New Well Deepening Convers	Tax Map Number Lot Lot DMS or DE
Alteration (complete 2a & 10) Abandonment(comp	
PRE-ALTERATION	Long'' or DMS or DE
Casing: From To Gauge Stl Plstc Wld Thrd	5405 HAZELGREEN ROAD N.E. SALEM, OREGON
Material From To Amt sacks/lbs	19405 III LELONDEN KOND W.E. BALEM, OKEGOW
Seal:	
DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud	Date     SWL(psi)     +     SWL(ft)       Existing Well / Pre-Alteration
Reverse Rotary Other	Completed Well 6/30/2015 46
PROPOSED USE Domestic X Irrigation Community	Flowing Artesian? Dry Hole?
Industrial/ Commercial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 51.00
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
BORE HOLE CONSTRUCTION Special Standard (Atta Depth of Completed Well 160.00 ft.	ach copy) 6/30/2015 51 160 400 46
BORE HOLE SEAL	sacks/
Dia From To Material From To Amt	
14     0     32     Cement     0     32     18	S
8 32 160 Calculated 18.4	
Calculated	(11) WELL LOG Ground Elevation
How was seal placed: Method $A \square B \times C \square D \square$	E Material From To
Other	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Backfill placed from ft. to ft. Material	Firm silty brown clay 6 51
Filter pack from ft. to ft. Material Size	Gray sand 51 57
Explosives used: Yes Type Amount	Gray sand and gravel 57 91
ABANDONMENT USING UNHYDRATED BENTONITE	Medium sand and gravel w/some silty clay     91     110       Small gravel w/brown sandy clay     110     135
Proposed Amount Actual Amount	Loose brown sand gravel 135 160
CASING/LINER	
Casing Liner Dia + From To Gauge Stl Plstc Wh	d Thrd
● ● 8 × 2 160 .250 ● ● ×	
Shoe Inside Outside Other Location of shoe(s)	
PERFORATIONS/SCREENS Perforations Method Holte	
Screens Type Material	Date Started6/16/2015 Completed 6/30/2015
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/
Screen Liner Dia From To width length slots p	ipe size (unbonded) Water Well Constructor Certification
Perf Casing 8 139 157 .2 1 864	I certify that the work I performed on the construction, deepening, alteration, of abandonment of this well is in compliance with Oregon water supply we
	abandonment of this well is in compliance with Oregon water supply we construction standards. Materials used and information reported above are true t
	the best of my knowledge and belief.
	License Number 1629 Date 6/30/2015
WELL TESTS: Minimum testing time is 1 hour	
Pump Bailer Air Flowing Artes	signed JAMES GUNN (E-filed)
<u>Yield gal/min</u> Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	I accept responsibility for the construction, deepening, alteration, or abandonme
	work performed on this well during the construction dates reported above. All wo
	performed during this time is in compliance with Oregon water supply w
Temperature 54 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and belief
Water quality concerns? Yes (describe below) TDS amount	License Number 1273 Date 6/30/2015
From To Description Amount U	nits
	Signed FLOYD G SIPPEL (E-filed)
	Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: