

8/25/2017

START CARD #

ORIGINAL LOG #

126661

214635

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company CPM DEVELOPMENT; RIVERBEND SAND AND GRAVEL
Address PO BOX 3366
City SPOKANE State WA Zip 99220

(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 Thrld
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
[X] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [] (Attach copy)

Depth of Completed Well 96.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Rows include Bentonite Chips and Cement with 5% Bento.

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

[X] Other POURED & PROBED

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, Thrld. Includes shoe location and temp casing info.

(7) PERFORATIONS/SCREENS

Perforations Method Holte Perforator

Table with columns: Perf, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

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

[X] Pump [] Bailer [] Air [] Flowing Artesian

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

Temperature 56 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below) TDS amount 111 ppm

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

(9) LOCATION OF WELL (legal description)

County MARION Twp 8.00 S N/S Range 2.00 W E/W WM
Sec 6 SW 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

[X] Street address of well [] Nearest address

4105 LANCASTER DR SE, SALEM

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft).

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 40.00

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

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Lists various soil types and depths.

Date Started 7/24/2017 Completed 7/27/2017

(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.

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.

License Number 1394 Date 8/25/2017

Signed EUGENE MACK (E-filed)

Contact Info (optional) Mack Drilling Company, Inc.

