

MARI 67037
Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Medalla, OR 97038

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

WELL I.D. LABEL# L 127210
 START CARD # 214193
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. #1
 First Name Robert Last Name Gabriel
 Company _____
 Address 8474 Hazelgreen Rd
 City Silverton State OR Zip 97381

(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 Thrld
 Casing:
 Material From To Amt sacks/lbs
 Seal: _____

(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 160 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
16	0	46	Bentonite	0	32	468 S
12	46	163			Calculated	22
6	163	236	Cement	32	46	105 S
					Calculated	7

How was seal placed: Method A B C D E
 Other bent. placed dry
 Backfill placed from 175 ft. to 236 ft. Material cement
 Filter pack from 97 ft. to 175 ft. Material css Size 6/9
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	97	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	55	95	250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	155	160	250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 16
 Temp casing Yes Dia 16 From + 1 To 46

(7) PERFORATIONS/SCREENS Perforations Method v wire
 Screens Type _____ Material stainless

Perf/S	Casing/Screen	Screen/slot	Slot	# of	Tele/			
Screen	Liner	Dia	From	To	width	length	slots	pipe size
		8	95	155	.065			8

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400	43		6

Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 117 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

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(9) LOCATION OF WELL (legal description)
 County CLACKAMAS Twp 3 S N/S Range 1 E E/W WM
 Sec 30 NW 1/4 of the SW 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
25130 Eilers Rd., Aurora

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	09-06-2017		43

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 43

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
				400	43
<i>all water bearing zones below SWL</i>					

(11) WELL LOG Ground Elevation _____

Material	From	To
soil brown	0	1
silt brown	1	20
sand brown with some gravel	20	24
silt brown	24	35
sand brown	35	38
silt brown	38	48
silt & sand brown	48	63
sand brown fine	63	84
sand brown with gravel	84	89
sand black with gravel	89	112
packed silt grey hard	112	116
clay green	116	118
sand grey blue	118	128
sand grey & green	128	141
packed silt grey	141	145
sand grey	145	154
clay grey with sand	154	156
clay green & grey sticky	156	174
clay brown & grey	174	200

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 OCT 02 2017
 SALEM, OR

Date Started 06-07-2017 Completed 09-06-2017

(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. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1358 Date 09-22-2017
 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 688 Date 09-22-2017
 Signed [Signature]
 Contact Info (optional) _____

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Oregon Water Resources Department PUMP TEST FORM COVER SHEET

Well Owner:

Name: Robert Gabriel
Address: 8474 Hazelgreen Rd
County: Clackamas
City: Silverton State: OR Zip: 97381
Original owner (from well log): _____

Well Location:

Township: 3 S Range: 1 E
Section: 30 $\frac{1}{4}$: SW $\frac{1}{16}$: NW $\frac{1}{64}$: NE
Well depth: 160.0 Date drilled: 9/6/17
Owners well no. (if any): _____
POD ID: _____

Water Right Information:

Application: _____ Permit: _____ Certificate: _____
Is this well listed on more than one water right? Yes If yes, list additional water rights below:
Application: _____ Permit: _____ Certificate: _____
Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Steve Stadel Well Owner? Yes
Company: Westerberg Drilling Inc
Address: 36728 S. Kropf Rd Date of Test: 08/17/2017
City: Molalla State: OR Zip: 97038
Daytime phone: 503-829-2526

Method of discharge measurement (see our brochure for more information): Flow meter
Method of water-level measurement (pick one or enter other method used): Electric tape
Length of air line (if used): _____

Pump type (pick one or enter other method used): Submersible 30 hp
Was the pump test conducted during normal use of the well? Yes Note: new well test

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? Yes Note: no
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within $\frac{1}{4}$ mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is _____ surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) _____

3/4" pvc pipe @ well head
Measuring point distance above land surface 3.00 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>10:20 am</u>	<u>45.20</u>	<u>42.50</u>
<u>10:40 am</u>	<u>45.30</u>	<u>42.30</u>
<u>11:00 am</u>	<u>45.20</u>	<u>42.20</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>11:00 am</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>
<u>12:00 pm</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>
<u>1:00 pm</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>
<u>2:00 pm</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>
<u>3:00 pm</u>	<u>400.00</u>	<u>gpm (gallons per minute)</u>

Time pump turned on: Date 08/17/2017 Time 11:00 am
Time pump turned off: Date 08/17/2017 Time 5:00 pm
Total pumping time: 6 hours 0 minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

OWRD 2/9/2000

Required Signature: Steve M. Stadel

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NOV 13 2017

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