

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

MARI 68166

10/9/2018

WELL I.D. LABEL# L 131220
START CARD # 1040679
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company ALPHA NURSERY
Address 5050 HAZELGREEN ROAD N.E.
City SALEM State OR Zip 97305

(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: Material From To Amt sacks/lbs

(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 160.00 ft.
BORE HOLE SEAL
Dia From To 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 Thrld
Shoe Inside Outside Other Location of shoe(s) 160
Temp casing Yes Dia 14 From + 0 To 45

(7) PERFORATIONS/SCREENS
Perforations Method Holte Perforator
Screens Type Material
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots 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 53 °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS amount 210 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 6.00 S N/S Range 2.00 W E/W WM
Sec 32 NW 1/4 of the SE 1/4 Tax Lot 1000
Tax Map Number Lot
Lat " or 45.00324200 DMS or DD
Long " or -122.95766790 DMS or DD
Street address of well Nearest address
5050 HAZELGREEN ROAD N.E. SALEM, OREGON 97305

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 10/4/2018 42
Flowing Artesian? Dry Hole?

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows include data for 9/27/2018 and 10/4/2018.

(11) WELL LOG
Ground Elevation
Material From To
Top soil 0 5
Brown silty clay 5 17
Brown and gray silt 17 40
Brown clay 40 52
Fine brown sand w/small gravels 52 61
Tight red and brown sand and gravel 61 83
Semi-tight gray sand and gravel 83 96
Semi-loose sand and gravel 96 101
Semi-tight brown sand and gravel 101 121
Gray and brown sand and gravel tight 121 153
Gray sand and gravel 153 160

Date Started 9/25/2018 Completed 10/4/2018

(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 1629 Date 10/8/2018
Signed JAMES GUNN (E-filed)

(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 1273 Date 10/9/2018
Signed FLOYD SIPPEL (E-filed)
Contact Info (optional)