

WESTERBERG DRILLING INC.

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

PO BOX 1228  
 MOLALLA, OR 97038

WELL I.D. LABEL# I 103761  
 START CARD # 216849  
 ORIGINAL LOG # MARION 64909 & 65942

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
 First Name Richard Last Name Kraft  
 Company \_\_\_\_\_  
 Address 8644 Warner Dr SE  
 City Salem State OR Zip 97317

(2) TYPE OF WORK

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

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 483 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
7 7/8"	343	483	Original seal not changed				
						Calculated	
						Calculated	

How was seal placed: Method  A  B  C  D  E

Other Original

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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No casing or liner added										

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method None

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/ Screen	Liner	Dia	From	To	Scrm/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)
270	16		1

Temperature 56 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS amount 120 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7 S N/S Range 2 W E/W WM  
 Sec 26 SE 1/4 of the SE 1/4 Tax Lot 900  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

1/4 mile west of Howell Prairie Rd on State Street South Side

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+ SWL (ft)
Existing Well / Pre-Alteration	07-09-2020		66' 1" Top of 10" casing
Completed Well	07-14-2020		66' 7"

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found See Mari 64909 & 65942

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
07-14-2020	423	455	150		66' 7" Top of 10" casing

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Basalt Grey & Brown Fractures	343	385
Basalt Grey with some Brown Hard	385	395
Basalt Grey Medium	395	405
Basalt Grey Hard with Brown	405	423
Basalt Grey with Green Medium	423	446
Basalt Black with Green	446	455
Basalt Grey	455	483

RECEIVED

AUG 07 2020

OWRD

Date Started 07-09-2020 Completed 07-14-2020

(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 1858 Date 07-20-2020

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 08-03-2020

Signed *[Signature]*

Contact Info (optional) \_\_\_\_\_

