

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

WELL I.D. LABEL# L 136745
 START CARD # 216847
 ORIGINAL LOG #

(1) **LAND OWNER** Owner Well I.D. _____
 First Name Joe Last Name Moore
 Company _____
 Address 22705 Doane Creek Rd
 City Sheridan State OR Zip 97378

(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 Thrd
 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 229 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
16	0	71	Bentonite	0	9	17 S
12	71	241			Calculated	9
			Cement	9	71	96 S
					Calculated	27

How was seal placed: Method A B C D E
 Other bent placed dry
 Backfill placed from 229 ft. to 241 ft. Material cement
 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	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	237	375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 237
 Temp casing Yes Dia 16 From + 1 To 61

(7) **PERFORATIONS/SCREENS** Perforations Method Mills Knife
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Casing/Screen Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing		110	119	.375	3.25	180	
Perf	Casing		124	155	.375	3.25	558	
Perf	Casing		173	196	.375	3.25	414	
Perf	Casing		208	223	.375	3.25	270	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
660		223	3
545		123	1

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 231 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) **LOCATION OF WELL (legal description)**
 County MARION Twp 6 S N/S Range 2 W E/W WM
 Sec 12 NE 1/4 of the SE 1/4 Tax Lot 2400
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address
9721 Howell Prairie Rd, Salem

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration Completed Well	Date	SWL(psi)	+ SWL(ft)
	08-27-2020		24

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 38

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
08-27-2020	87	223			24

(11) **WELL LOG** Ground Elevation _____

Material	From	To
soil	0	1
clay brown medium	1	26
silt brown	26	38
sand & gravel grey & brown	38	46
clay brown with gravel	46	55
clay blue sticky	55	60
silt blue	60	62
silty sand & gravel grey	62	74
clay blue	74	76
silt grey	76	83
dirty sand & gravel	83	87
clean loose sand & gravel	87	96
clay & gravel	96	110
sand & gravel	110	119
clay & gravel	119	124
cemented gravel brown & grey	124	155
clay grey with gravel	155	160
siltstone grey hard	160	168
clay grey with gravel	168	173

Date Started 07-02-2020 Completed 08-27-2020
(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 1658 Date 09-17-2020
 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 09-17-2020
 Signed [Signature]
 Contact Info (optional) _____

MARI 69450

**R. Stadel & Sons
Well & Pump, Inc.
4385 Stadel Lane NE
Silverton, OR 97381**

**WATER SUPPLY WELL REPORT -
continuation page**

WELL I.D. LABEL# L	136745
START CARD #	216847
ORIGINAL LOG #	

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Material		From	To	Amt	sacks/lbs			

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL		sacks/ lbs		
Dia	From	To	Material	From	To	Amt	lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To
cemented gravel	173	196
cemented sand	196	198
loosely cemented sand	198	208
sand & gravel brown	208	223
black cemented sand & gravel	223	227
clay grey	227	241

**RECEIVED
SEP 21 2020**

QWRD

Comments/Remarks

Bottom of hole back filled with cement grout from 229-241