

FEB 20 2001

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 532.763)

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
Name: Martha Slum Well Number: 433416
Address: PO Box 67
City: Tule State: OR Zip: 97184

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval (1 Yes No) Depth of Completed Well: 693'
Explosives used Yes No Type: _____ Amount: _____

HOLE		SEAL	
From	To	From	To
10'	18'	18'	10'
18'	405'		
405'	693'		

How was seal placed: Method A B C D E
 Other: _____
Backfill placed from _____ ft. to _____ ft. Material: _____
Gravel placed from _____ ft. to _____ ft. Size of gravel: _____

(6) CASING/LINER:

Casing	From	To	Gauge	Steel	Plastic	Welded	Threaded
16"	0'	18'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s): N/A

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Telepipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Artesian
Yield gain in _____ Drawdown _____ Drift stem at _____ Time _____
800' 690' _____ 1 hr.

Temperature of water: 68[°]F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

WELL I.D. #1. 433416
WATER RESOURCES DEPT CARD # 127938
SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County: Marion Latitude _____ Longitude _____
Township: 1 N or 25 S Range 25 W. W.M.
Section: 10 1/4 1/4 1/4
Tax Lot: 100 1/4 Block _____ Subdivision _____
Street Address of Well (or nearest address): _____

(10) STATIC WATER LEVEL:
86 ft. below land surface. Date: 2-15-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found: 180'

From	To	Estimated Flow Rate	SWL
180'	190'	300+	
350'	360'	400+	
475'	495'	500+	
538'	563'	800+	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL	0	11'	
BLK BASALT	11'	80'	
BLK W/BROWN BASALT	80'	90'	86'
BEN W/DRY SCORIA	90'	95'	
BLK W/BLU BASALT	95'	110'	
BLK BASALT	110'	150'	
BLK W/BRN CLAY	150'	180'	
BEN SCORIA	180'	190'	
BEN W/BLU BASALT	190'	208'	
BLK BASALT	208'	225'	
BLK W/BLU CLY STONE	225'	350'	
BLK W/BLU TRENCH ST.	350'	360'	
BLK BASALT	360'	385'	
BLK W/TAN CLAY ST.	385'	390'	
BLK BASALT	390'	420'	
BLK W/BLU CLAY STONE	420'	475'	
BLK W/BLU SCORIA	475'	495'	
BLK W/BLU W/BLU CLY	495'	520'	
BLK W/BLU CLY ST.	520'	538'	

Date started: 1-26-01 Completed: 2-14-01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of the 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.
Signed: Richard P. Oster WWC Number: 1702 Date: 2-15-01

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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 one to the best of my knowledge and belief.
Signed: Jay Burt WWC Number: 334 Date: 2-15-01

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPARTMENT WELL I.D. # 43416
SALEM, OREGON DEPT CARD # 127938

Mary
07/8

(1) LAND OWNER Well Number _____
Name Marty Crum
Address P.O. Box 167
City Tone State OR Zip 97843

(2) TYPE OF WORK
 New Well Deepening Alteration (specify conditions) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 693'
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
<u>See Page 1</u>						

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<u>SEE Page 1</u>								

Drive Shoe used Inside Outside None
Final location of sheets _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telepipe size	Casing	Liner
<u>NA</u>							

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gallons 800+ Drawdown 690' Drill stem at _____ Tier _____

Temperature of water 68°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes little
 Salty Muddy Oily Colored Other _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County Morrow Latitude _____ Longitude _____
Township 15 N of 5 Range 24 E of W. WM.
Section 1 1/4 S 1/4 S 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NA

(10) STATIC WATER LEVEL:
80' ft. below land surface. Date 2-15-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 180'

From	To	Estimated Flow Rate	SWL
<u>SEE Page 1</u>			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>BLK SCORIA</u>	<u>538'</u>	<u>363'</u>	
<u>BLK BASALT</u>	<u>363'</u>	<u>595'</u>	
<u>BLK W/GRY BASALT</u>	<u>595'</u>	<u>693'</u>	

Date started: 1-26-01 Completed: 2-14-01

(bonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

Signed Rusty Otto WWC Number 1702 Date 2-15-01

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

Signed Jay Oml WWC Number 544 Date 2-15-01

RECEIVED

MAY 2 2001

WATER RESOURCES DEPARTMENT
SALEM, OREGON