

STATE OF OREGON
WATER SUPPLY WELL REPORT 50226
 (as required by ORS 537.765)

L 02881
 WELL 15.11
 (START CARD) # 095433

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

(1) OWNER: Well Number _____
 Name Perrydale Domestic Water Assoc.
 Address c/o Boothwright Engineering - 2613 12th St. SE
 City Salem State OR Zip 97302

(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 Yes No Depth of Completed Well 190 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	30	Cement	0	30	12 Sacks
8	30	190				

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8 in	+2	30	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 30

(7) PERFORATIONS/SCREENS:

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

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
150	79 ft.		Time 24 hr.

Temperature of water 54 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: _____

(9) LOCATION OF WELL by legal description:
 County Polk Latitude _____ Longitude _____
 Township 7-S N or S Range 5-W E or W. WM. _____
 Section 17 SE 1/4 NE 1/4 _____
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2315 Reimer Rd Dallas OR

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 11-13-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 163

From	To	Estimated Flow Rate	SWL
163	182	150	23

RECEIVED
DEC 19 1996

(12) WELL LOG: Ground Elevation _____
 WATER RESOURCES DEPT.

SALEM, OREGON

Material	From	To	SWL
Top Soil	0	2	
Brown clay	2	4	
Broken black basalt	4	12	
Black basalt - hard	12	19	
Black basalt with gray claystone seams	19	26	
Fractured black basalt	26	27	
Black basalt with gray claystone seams	27	94	
Black basalt with dark brown claystone seams	94	96	
Hard black basalt with seams of tan claystone	96	129	
Black basalt + gray claystone	129	143	
Black basalt with white crystal seams	143	163	
Broken basalt	163	170	23
Gray basalt + crystal seams	170	176	23
Broken basalt	176	182	23
Gray basalt w/crystal seams	182	190	

Date started 11-2-96 Completed 11-13-96

(unbonded) 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 [Signature] WWC Number 1629
 Date 11/14/96

(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 Floyd A. Sipple WWC Number 1273
 Date 11-14-96