

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

WELL LABEL # L 97864

START CARD # 200248

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company PERRYDALE DOMESTIC WATER ASSOCIATION  
 Address 11475 W PERRYDALE RD  
 City AMITY State OR Zip 97101

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

(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 59 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Am't	lbs
14	0	22	Cement	0	22	14	S
8	22	59					

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 \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	59	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 59

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

(7) PERFORATIONS/SCREENS  
 Perforations Method Holte \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/Screen	Screen slot	Slot	# of	Tele/	
Perf	Casing	width	length	slots	pipe size	
	8	35	40	.2	1	275

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
265	10	45	24

Temperature 54 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County POLK Twp 6 S N/S Range 3 W E/W WM  
 Sec 29 1/4 of the 1/4 Tax Lot 1900  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or 45.01805556 DMS or DD  
 Long \_\_\_\_\_ " or 123.07888889 DMS or DD  
 Street address of well  Nearest address

END OF LINCOLN RD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	03-17-2009		23.8

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 22

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-17-2009	22	42	250		23.8

(11) WELL LOG

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

Material	From	To
Top soil	0	4
Brown clay	4	14
Brown silty sandy clay	14	16
Semi-packed red and brown sand with brown clay	16	22
Red and brown sand loose	22	28
Dark gray sandy gravel medium to small loose	28	42
Very soft green and gray clay sandy	42	57
Gray clay with gray sandstone chips	57	59

RECEIVED

MAR 20 2009

WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 03-09-2009 Completed 03-17-2009

(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 03-19-2009

Password: (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

(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 03-19-2009

Password: (if filing electronically) \*\*\*\*

Signed *Floyd Sippel*

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