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

WELL LABEL # L	100511	
START CARD #	202492	

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)		
First Name GORDON Last Name WALKER	County POLK Twp 6 S N/S Range 4 W E/W WM		
Company GORDON WALKER TRUST	Sec 25 SE 1/4 of the SE 1/4 Tax Lot 6-4-36100		
Address 4780 BRUSH COLLEGE RD NW	Tax Map Number Lot		
City SALEM State OR Zip 97304	Lat ° ' " or DMS or DD		
	Long Om On DMS or DD		
(2) TYPE OF WORK New Well Deepening Conversion	Street address of well Nearest address		
X Alteration (repair/recondition) Abandonment			
(3) DRILL METHOD	NEXT TO 4050 ZENA RD NW; WEST		
Rotary Air Rotary Mud Cable Auger Cable Mud	(40) OTHER CALL TO THE ACTION		
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)		
(A) PROPOSED VICEOUS AND	Existing Well / Predeepening		
(4) PROPOSED USE Domestic X Irrigation Community	Completed Well 08-17-2009 21.5		
Industrial/Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?		
Thermal Injection Other	WATER BEARING ZONES Depth water was first found		
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	SWL Date From To Est Flow SWL(psi) + SWL(ft)		
Depth of Completed Well 150 ft.			
BORE HOLE SEAL sacks/			
Dia From To Material From To Amt Ibs			
16 0 28 Cement 0 28 S			
	(11) WELL LOG Ground Elevation		
How was seal placed: Method A B XC D E	Material From To		
Other	Resealed well by overdrilling the 12in. casing with		
Backfill placed from ft. to ft. Material	overshot to 28ft.		
Filter pack from ft. to ft. Material Size	Cleaned hole to 150 ft. and installed a 8in. steel well		
Explosives used: Yes Type Amount	Liner.		
	Note: 8x10 weld cone on liner pipe.		
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Note: 8x10 werd cone on liner pipe.		
8 109.5 150 250 X			
0 10 104 109.5 .250 0 X			
8 8 1° 1 1° 10° 10° 10° 10° 10° 10° 10° 10°			
	RECEIVED		
Shoe Inside Outside Other Location of shoe(s)	SEP 1 8 2009		
Temp casing Yes Dia From To	50, 10000		
(7) PERFORATIONS/SCREENS	WATER RESCURCES DEPT		
Perforations Method torch	SALEM OREGON		
Screens Type Material	SALENI, UNEGUN		
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 08-11-2009 Completed 09-17-2009		
Perf Liner 8 105 145 .5 6 79	(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.		
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1629 Date 09-02-2009		
Pump	Password : (if filing electronically)		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed		
180 59 128 18	(bonded) Water Well Constructor Certification		
I accept responsibility for the construction, deepening, alteration, or abar			
	work performed on this well during the construction dates reported above. All work		
Temperature 54 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well		
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.		
From To Description Amount Units	License Number 12/73 Date 09-02-2009		
	Password: (if filing electronically)		
	Signed Though Supply Contact Info (optional)		
OBIODIAL WATER PROGUEDORS			
ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95			