

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

(WELL I.D.)# L. **102498**
(START CARD) # **205075**

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

(1) OWNER: Well Number 2

Name **Eola Mobile Home Park**
Address **4385 Dallas Hwy**
City **Salem** State **OR** Zip **97304**

(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 **338'** ft.
Explosives used Yes No Type _____ Amount _____

DIAMETER		FROM		TO		MATERIAL		SEAL		SACKS OR POUNDS	
Diameter	From	To	Material	From	To	Material	From	To	Sacks or pounds		
10"	0	117'	Cement	4'	117'				58 Bags		
6"	117	338'	Bentonite	0	4'				2 Bags		

How was seal placed: Method A B C D E
 Other **Filled to the top with dry bentonite.**
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded	Casing/Liner	
								Material	Weight
6"	+2'	117'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Casing	117'
4"	+1'	338'	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liner	338'

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Saw Cut**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
238'	338'	1/8"	80	6" Long	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60 GPM		338'	1 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** S Range **4 W** W WM _____
Section **24** SW 1/4 **NE** 1/4 _____
Tax Lot **800** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **Same**

(10) STATIC WATER LEVEL:
88' ft. below land surface. Date **06/26/2010**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **22'**

From	To	Estimated Flow Rate	SWL
22'	97'	3 GPM	22'
311'	325'	60 GPM	88'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	1	
Clay Dark Brown	1	5	
Weathered Basalt Brown	5	18	
Claystone Brown Red	18	22	
Weathered out Basalt Broken w/claystone	22	97	22'
Clay Dark Brown w/Gray	97	106	
Claystone Gray Brown	106	144	
Sandstone Gray Black	144	167	
Sandstone Gray Brown w/ Hard Layers	167	228	
Sandstone Gray Black	228	261	
Sandstone Gray Brown Sticky	261	311	
Sandstone Gray Hard	311	325	88'
Clay Dark Brown Sticky	325	329	
Claystone Dark Brown Sticky	329	338	

RECEIVED
JUL 21 2010
Ron Robinson Well Drilling
4520 Salem / Dallas Hwy
Salem OR 97304
503-371-1844
WATER RESOURCES DEPT
SALEM, OREGON

Date started **06/10/2010** Completed **07/16/2010**

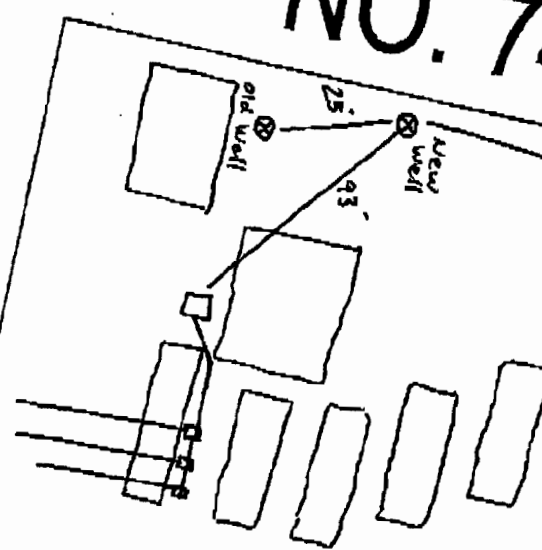
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(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.
WWC Number **1585**
Signed _____ Date **07/16/2010**

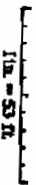
STREET

SHAW STREET
NO. 7423

2700
2600



This map was produced using the Polk County GIS data. The GIS data is maintained by the county to support the governmental activities. The county is not responsible for any errors, omissions, mistakes or omissions.



6/23/2010



01	02	03	04	05	06	07	08	09	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50

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FEB 09 2011

WATER RESOURCES DEPT
SALEM, OREGON

- 7.4.25D Sand
- GRAVEL
- STATENRY
- TERRID
- Taxial Amount 10
- Taxial Amount 50

Polk County Map