

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

SEP 22 2014

SALEM, OR

REVISED

WELL LABEL # L 113608

START CARD # 1023705

(1) LAND OWNER Owner Well I.D. 5427
 First Name _____ Last Name _____
 Company ACMPC Oregon 2 LLC/Halls Ferry
 Address 35711 Helms Dr.
 City Jefferson State OR Zip 97352

(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 58 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	58	Bentonite	0	18	100	S

How was seal placed: Method A B C D E
 Other Poured dry
 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 type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	58	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"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From 0 To 58

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	12	18	58	.5	12	408		

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600	23	45	2

Temperature 53 °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 87 S N/S Range 4 W E/W WM
 Sec #36 NE SE 1/4 of the SE NW 1/4 Tax Lot 100 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

5605 Halls Ferry Rd., Independence, OR 97351

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07-22-2014		17

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 20

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-17-2014	20	38	650		17

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Silty brown clay	2	16
Cemented small sand and gravel	16	20
Small to medium gravel with sand	20	26
Medium sand and gravel	26	38
Blue clay	38	40
Gray clay	40	50
Gray sandstone with small sand and gravel	50	58
<i>Allowed to cave From 18-58 Between 16" + 12"</i>		

JONES DRILLING CO., INC.
 29400 SANTIAM HWY.
 LEBANON, OR 97355
 541-367-2560 541-451-2686
 1-800-915-8388

Date Started 07-17-2014 Completed 07-22-2014

(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 1888 Date 08-19-2014
 Password: (if filing electronically) _____
 Signed [Signature]

(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 1684 Date 08-19-2014
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) jonesdrilling@hotmail.com