## **POLK 53567**

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

WELL LABEL # L 113610 START CARD # 1023790

(1) LAND OWNER Owner Well I.D. 5430	(9) LOCATION OF WELL (legal descrip	tion)
First Name Last Name		nge 4 W E/W WM
Company ACMPC Oregon 2 LLC/Halls Ferry		Tax Lot 103
Address 37511 Helms Dr.	The state of the s	.ot
City Jefferson State OR Zip 97352	Lat ° ' " or	DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long o " or	DMS or DD
Alteration (repair/recondition) Abandonment	Street address of well     Nearest address addres	Iress
(3) DRILL METHOD    Rotary Air   Rotary Mud   Cable   Auger   Cable Mud	5605 Halls Ferry Rd., Independence, OR 97351	
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SW	L(psi) + SWL(ft)
Included Section 1997	Existing Well / Predeepening	
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 07-31-2014	24
Industrial/Commercial Livestock Dewatering	Flowing Artesian? Dry	Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was	first found 25
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy		
Depth of Completed Well 69 ft.	07-25-2014 25 55 1,200	24
BORE HOLE SEAL sacks/		————
Dia From To Material From To Amt lbs		<del></del>
16		——————————————————————————————————————
12 59 69		
	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B C D E	Material	From To
XOther Poured dry	Topsoil	0 2
Backfill placed from ft. to ft. Material	Silty brown clay	2 15
Filter pack from ft. to ft. Material Size	Brown sand	15 25
Explosives used: Yes Type Amount	Brown sand and gravel small	25 50
xplosives used /induit	Cemented sand and gravel	50 55
(6) CASING/LINER	Blue clay	55 56 56 69
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Gray claystone	56 69
● ☐ 12 × 1 69 250 ● ☐ × ☐	16" casing pulled back and allowed to cave around	
	12" from 18' to 59'	
	JONES DRILLING CO., INCR	ECEIVED BY OWN
Shoe Inside Outside Other Location of shoe(s)	29400 SANTIAM HWY.	
Temp casing X Yes Dia 16 From 0 To 59	LEBANON, OR 97355	050 0 0000
(7) PERFORATIONS/SCREENS		SEP <b>2 3</b> 2014
Perforations Method Torch cut	541-367-2560 541-451-2686	
Screens Type Material	1-800-915-8388	CALENA OF
Perf/S Casing/ Screen Scm/slot Slot # of Tele/	Date Started 07-25-2014 Completed	SALEM, OR
creen Liner Dia From To width length slots pipe size	Date Started 07-25-2014 Completed	07-28-2014
Perf Casing 12 28 68 .5 12 408	(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	
	construction standards. Materials used and information the best of my knowledge and belief.	on reported above are true to
(O) WITH A TERCITIC AND A SECOND SECO	, ,	4.06-2014
(8) WELL TESTS: Minimum testing time is 1 hour	Password: (if filing electronically)	-00-2014
● Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	Signed And This electronically	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		
1,000 16 45 2	(bonded) Wafer Well Constructor Certification	
	I accept responsibility for the construction, deepening	
	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	
Temperature 53 °F Lab analysis Yes By	construction standards. This report is true to the best o	
Water quality concerns? Yes (describe below)	·	,
From To Description Amount Units	License Number 1684 Date 08-0	6-2014
	Password : (if fiting electronically)	
	Signed Contact Info (potional) jone grilling (photmail com	
ORIGINAL - WATER RESOURCES THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTI	DEPARTMENT MENT WITHIN 30 DAYS OF COMPLETION OF WOR	K
THE REPORT MICE BE SOBRETTED TO THE WATER RESOURCES DELARTE		Form Version: 0.95