

STATE OF OREGON
WATER SUPPLY WELL REPORT

POLK 55009

WELL I.D. LABEL# L

149416

START CARD #

1078411

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

8/13/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name JENNIE LEE Last Name SYNOWSKI TRUST

Company _____

Address 16775 ROB MILL RDCity DALLAS State OR Zip 97338**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 Material From To Amt sacks/lbs
 Seal: _____

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 340.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	140	Bentonite Chips	0	36	12	S
8	140	240	Calculated			6.54	
6	240	340	Cement	36	240	70	S
			Calculated			17.33	

Seal placement method: ☐ A ☒ B ☒ C ☐ D ☐ E ☐ Other: _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 7/18/2025 Begin Time 12 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+ From To Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	6	☒ 1 240 0.250	ST	☒		OUT.	240

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 5**(7) PERFORATIONS/SCREENS**Perforations Method Saw Cut

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4.5	5	340	.125	6	65	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	10		320	60

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 54 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County POLK Twp 7.00 S N/S Range 4.00 W E/W WMSec 11 SE 1/4 of the NE 1/4 Tax Lot 301

Tax Map Number _____ Lot _____

Lat _____ " or 44.97948093 DMS or DD

Long _____ " or -123.13305223 DMS or DD

☐ Street address of well ☒ Nearest address3375 EAGLE CREST RD NW SALEM**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/22/2025			185
Flowing Artesian?		☐	Dry Hole?	
		☐		

WATER BEARING ZONES

Depth water was first found 248.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/22/2025	248	340	10			185

(11) WELL LOGGround Elevation 949.38 FT

Material	From	To
Soil	0	1
Brown Claystone Weathered Basalts	1	21
Brown Weathered Basalts	21	104
Black Gray Basalt	104	111
Brown Weathered Basalts W/ Black Seams	111	117
Black Gray Basalts	117	142
Brown Weathered Basalts W/ White Seams	142	168
Black Gray Basalts	168	242
Gray Basalt W/ Black Seams	242	248
Black Basalts Fractured W/ Green Stains	248	286
Gray Basalts	286	340

Construction

Begin Date 7/7/2025 Begin Time 10 00 End Date 7/22/2025**(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 _____ Date _____

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 1585 Date 8/13/2025Signed RONALD SPENGLER (E-filed)Drilling Company: Robinson Well Drilling Inc.

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

POLK 55009

8/13/2025

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.97948093 Datum: WGS84

Longitude: -123.13305223

Township/Range/Section/Quarter-Quarter Section:

WM7.00S4.00W11SENE

Address of Well:

3375 EAGLE CREST RD NW SALEM

Well Label: 149416

Printed: August 13, 2025

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

