

(1) LAND OWNER

Owner Well I.D. _____

First Name YACOUB Last Name FIRAS

Company _____

Address PO BOX 20653

City KEIZER State OR Zip 97307

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd

Casing:

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 CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 300.00 ft.

BORE HOLE

Dia	From	To	Material	SEAL	To	Amt	sacks/lbs
10	0	200	Bentonite Chips	0	46	23	S
6	200	235			Calculated	12.54	
5	235	300	Cement	46	200	45	S
					Calculated	11.14	

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 12/21/2024 Begin Time 16 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	☒ 1 200	0.250	ST	☒		OUT.	200
L	5	☐ 0 260	0.188	ST	☒		OUT.	260

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Saw Cut

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		5	200	260	.125	6	48	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	10		280	1

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 189 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 WM

Sec 23 SE 1/4 of the NE 1/4 Tax Lot 1000

Tax Map Number _____ Lot _____

Lat _____ " or 44.95161819 DMS or DD

Long _____ " or -123.13289261 DMS or DD

☐ Street address of well ☒ Nearest address

4879 DAHLIA WAY NW (NEXT TO) SALEM, OR 97304

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	1/21/2025			235

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 235.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
1/20/2025	235	255	10			235

(11) WELL LOG

Ground Elevation _____

Material	From	To
Orange Claystone	0	1
Tan Brown Claystone with White Claystone Layers	1	39
Tan Brown Claystone	39	68
Brown Claystone with weathred out Basalt	68	74
Rock Brown Weatherd out Basalts	74	109
Fractured Brown Basalt	109	116
Black Basalt	116	144
Gray Basalt	144	159
Gray Black Basalt	159	212
Gray Basalt	212	227
Black Basalt	227	235
Brown Black Broken Basalt with Orange Cavey	235	265
Black Brown Basalt	265	272
Black Gray Basalt	272	300

Construction

Begin Date 12/12/2024 Begin Time 09 00 End Date 07/05/2025

(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 8/13/2025

Signed RONALD SPENGLER (E-filed)

Drilling Company: Robinson Well Drilling

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To		Amt
			Calculated				
			Calculated				
			Calculated				
			Calculated				

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#

Comments/Remarks

@ 235' Encounter a very Cavie Broken layer that would not stay open. The Swl was very low that needed a Steel liner installed to hold open to have enough to Achieve an Adequate storage compartment.

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

POLK 55010

8/13/2025

Map of Hole

