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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 27845
START CARD # 118501

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

(1) OWNER: Well Number _____
Name Paul Fredrickson
Address 181 Rees Hill Rd. SE
City Salem State OR Zip 97306

(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 222 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	132	Cement	0	132	27 + bent
6	132	222				

How was seal placed: Method A B C D E
 Other _____
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: 6 in	1.5'	132	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 in	1.5	222	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None Casing Ring 132

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
157	217	8x6	82			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30		220	1 hr.

Pump Bailer Air Artesian

Temperature of water 53 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 Marion Latitude _____ Longitude _____
Township 8-S N or S Range 3-W E or W. WM.
Section 21 NW 1/4 56 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6743 Fredrickson Ln SE Salem OR 97306

(10) STATIC WATER LEVEL:
116 ft. below land surface. Date 6-11-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 23

From	To	Estimated Flow Rate	SWL
23	25	Trace	
215	222	30	116

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	4	
Brown Clay	4	12	
Weathered basalt	12	14	
Gray basalt	14	19	
Semi weathered basalt	19	23	
Fractured gray basalt	23	25	
Gray basalt Med hard	25	48	
Brown + black basalt			
Med hard	48	52	
Black basalt with			
seams	52	64	
Fractured black basalt	64	72	
Brown + black basalt			
with green seams	72	76	
Hard Gray basalt	76	86	
Gray basalt with			
fractured seams	86	92	
Weathered basalt	92	114	

Date started 6-8-99 Completed 6-11-99

(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.

Signed [Signature] WWC Number 1703 Date 6-14-99

(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.

Signed [Signature] WWC Number 1273 Date 6-14-99

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

OVER THE COUNTER

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 27845 START CARD # 118501

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

(1) OWNER: Well Number Name Paul Fredrickson Address 181 Rees Hill Rd SE City Salem State OR Zip 97306

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No Depth of Completed Well 222 ft. Explosives used [] Yes [] No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Includes HOLE and SEAL sections.

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes Perforations and Screens sections.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [] Air [] Flowing Artesian. Table with columns: Yield gal/min, Drawdown, Drill stem at, Time.

Temperature of water 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 Marion Latitude Longitude Township 8-S N or S Range 3-W E or W. WM. Section 21 NW 1/4 SE 1/4 Tax Lot 1100 Lot Block Subdivision Street Address of Well (or nearest address) 6743 Fredrickson Ln SE Salem, OR 97306

(10) STATIC WATER LEVEL: 116 ft. below land surface. Date 6-11-99 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 23

Table with columns: From, To, Estimated Flow Rate, SWL. Rows: 23 to 25 (Trace), 215 to 222 (30, 116).

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows: Gray basalt with fractured seams (114-124), Hard Gray basalt (124-167), Gray basalt slightly fractured (167-198), Gray basalt with black seams (198-215), Broken basalt caving (215-222/116).

Date started 6-8-99 Completed 6-11-99

(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.

Signed [Signature] WWC Number 1703 Date 6-14-99

(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.

Signed [Signature] WWC Number 1273 Date 6-14-99