

FEB 20 2001

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 512.763)

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

WELL I.D. # 1. 43416
WATER RESOURCES DEPT CARD # 127938
SALEM, OREGON

(1) LAND OWNER: *Martha Slum*
Name: *Martha Slum* Well Number: *43416*
Address: *PO Box 67*
City: *Tule* State: *OR* Zip: *97184*

(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 *693'*
Explosives used Yes No Type: _____ Amount: _____

HOLE		SEAL	
Diameter	From To	Material	From To
<i>12"</i>	<i>0</i>	<i>18" APC</i>	<i>18" 0</i>
<i>12"</i>	<i>405</i>		<i>10</i>
<i>12"</i>	<i>405</i>	<i>123</i>	

How was seal placed: Method A B C D E

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Yield	Threaded
<i>12"</i>	<i>0</i>	<i>18"</i>	<i>250</i>	<i>X</i>	<input 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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s): *N/A*

(7) PERFORATIONS/SCREENS:
 Perforations Method _____ Material _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>18"</i>	<i>250</i>	<i>X</i>				<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Artesian
Yield/gal/min: *800* Drawdown: _____ Drill stem at _____ Flowing Rate: _____

Temperature of water: *68°F* Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little

Depth of strata: _____
 Salty Muddy Oily Colored Other _____

(9) LOCATION OF WELL by legal description:
County: *Marion* Latitude _____ Longitude _____
Township: *1* N or *25* S Range: *25* W. W.M.
Section: *10* 1/4 1/4 1/4
Tax Lot: *100* Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address): _____

(10) STATIC WATER LEVEL:
86 ft. below land surface. Date: *2-15-01*
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found: *180'*

From	To	Estimated Flow Rate	SWI
<i>180</i>	<i>190</i>	<i>300</i>	
<i>350</i>	<i>362</i>	<i>400</i>	
<i>475</i>	<i>495</i>	<i>500</i>	
<i>538</i>	<i>563</i>	<i>800</i>	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
SOIL	<i>0</i>	<i>11</i>	
BLK BASALT	<i>11</i>	<i>80</i>	
BLK W/BROWN BASALT	<i>80</i>	<i>90</i>	<i>816</i>
BROWN SCORIA	<i>90</i>	<i>95</i>	
BLK W/BROWN BASALT	<i>95</i>	<i>110</i>	
BLK BASALT	<i>110</i>	<i>150</i>	
BLK W/BROWN CLAY	<i>150</i>	<i>180</i>	
BROWN SCORIA	<i>180</i>	<i>190</i>	
BROWN BROWN BASALT	<i>190</i>	<i>208</i>	
BLK BASALT	<i>208</i>	<i>225</i>	
BLK W/BROWN CLAY STONE	<i>225</i>	<i>350</i>	
BLK W/BROWN CLAY ST.	<i>350</i>	<i>362</i>	
BLK BASALT	<i>362</i>	<i>385</i>	
BLK W/BROWN CLAY ST.	<i>385</i>	<i>390</i>	
BLK BASALT	<i>390</i>	<i>420</i>	
BLK W/BROWN CLAY STONE	<i>420</i>	<i>475</i>	
BLK W/BROWN SCORIA	<i>475</i>	<i>495</i>	
BLK W/BROWN CLAY	<i>495</i>	<i>520</i>	
BLK W/BROWN CLAY ST.	<i>520</i>	<i>538</i>	

Date started: *1-26-01* Completed: *2-14-01*

(Unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of the 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: *Paul P. Osta* WWC Number: *1702* Date: *2-15-01*

(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: *Jay Burt* WWC Number: *334* Date: *2-15-01*

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

WATER RESOURCES DEPARTMENT WELL I.D. # 43416
SALEM, OREGON DEPT CARD # 127938

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

Mary
07/8

(1) LAND OWNER Well ID Number _____
Name Marty Crum
Address P.O. Box 167
City Tone State OR Zip 97843

(2) TYPE OF WORK
 New Well Deepening Alteration (specify conditions) 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 693'
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
See Page 1							

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:
Casing: Diameter From To Gauge Steel Plastic Welded Threaded
 See Page 1
Liner: _____
Drive Shot used Inside Outside None
Final location of sheets: _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tubing size Casing Liner
NA

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Hoiler Air Flowing Artesian
Yield gallons Drawdown Drill stem at Tier
800+ _____ 690' _____
Temperature of water 68.9°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes little
 Salty Murky Oily Colored Other _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County Morrow Latitude _____ Longitude _____
Township 15 N 5 Range 24 E W. WM.
Section 1 1/4 6 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NA

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 2-15-01
Artesian pressure _____ lb per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 180'

From	To	Estimated Flow Rate	SWL
SEE Page 1			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>BLK SCORIA</u>	<u>538'</u>	<u>363'</u>	
<u>BLK BASALT</u>	<u>363'</u>	<u>595'</u>	
<u>BLK W/GRY BASALT</u>	<u>595'</u>	<u>693'</u>	

RECEIVED

MAY 23 2001

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date started 1-26-01 Completed 2-14-01
(bonded) Water Well Constructor Certification:
I certify that the work performed on the construction, alteration, or abandonment of this well as 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 Rusty Otto WWC Number 1702 Date 2-15-01
(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 or in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Jay Burt WWC Number 544 Date 2-15-01