

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(WELL I.D.)# L 32548

(START CARD) # 151923

(1) OWNER: Well Number _____
Name **PADBERG, MARVIN**
Address **64746 RHEA CR ROAD**
City **IONE** State **OR** Zip **97843**

(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 **425** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
15	0	98	PORTLAND CE 0	0	98	55
12	98	425				

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 _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	12	+2	98		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
		NA				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
300+ _____ 425 _____ 1 hr.

Temperature of water **55** 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 Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County **MORROW** Latitude _____ Longitude _____
Township **1** S Range **24** E WM. *
Section **25** SW 1/4 SW 1/4
Tax Lot **3600** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
SAME

(10) STATIC WATER LEVEL:
144 ft. below land surface. Date **12-23-02**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **25**

From	To	Estimated Flow Rate	SWL
25	85	5	20
170	210	100	144
400	425	300+	144

(12) WELL LOG:
Ground Elevation **1360**

Material	From	To	SWL
SOIL	0	13	
GRAY BASALT	13	25	
BROWN & BLACK BASALT W/ YEL CL ST	25	85	
BROKEN BLACK BASALT	85	90	
GRAY BASALT	90	170	
BROWN BASALT W/ YELLOW CL/ST	170	210	144
BLACK BASALT	210	225	
BROWN BASALT	225	235	
BLACK BASALT	235	310	
BROWN BASALT	310	315	
BLACK BASALT	315	355	
BROWN BASALT	355	360	
BLACK BASALT	360	380	
BLACK & BROWN BASALT W/YEL/CL/ST	380	400	144
BLACK BASALT	400	425	

Date started **12-17-02** Completed **12-23-02**

(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.

WWC Number **544 1700**
Signed **James McCurdy** Date **12-23-02**

(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.

WWC Number **544**
Signed **Gary Burd** Date **12-23-02**

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

RECEIVED
WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON

RECEIVED

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

JAN 07 2003

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WELL I.D. # L 32548

START CARD # 151923

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

(1) LAND OWNER
 Name Marvin Padberg
 Address 64746 Rhea Cr. Rd.
 City Yone State Or Zip 97843

(9) LOCATION OF WELL by legal description:
 County Morrow Latitude _____ Longitude _____
 Township 1 N or S Range 24 E or W M.
 Section 25 SW 1/4 SW 1/4
 Tax Lot 3600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
15"	0	98	Port Cem	98	0	55	
12"	98	425					

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: 12"	+2	98	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
300+		425	1 hr.

Temperature of water 55 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: _____

(10) STATIC WATER LEVEL:
144 ft. below land surface. Date 12-23-02
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 25

From	To	Estimated Flow Rate	SWL
25	85	5	20
170	210	100	144
400	425	300+	144

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Soil	0	13	
gray Basalt	13	25	
Brown + Black Basalt w/ yellow	25	85	
Broken Black Basalt	85	90	
gray Basalt	90	170	
Brown basalt w yellow	170	210	
Black Basalt	210	225	
Brown Basalt	225	235	
Black Basalt	235	310	
Brown Basalt	310	315	
Black Basalt	315	355	
Brown Basalt	355	360	
Black Basalt	360	380	
Black + Brown Basalt w/ yellow	380	400	
Black Basalt	400	425	

Date started 12-17-02 Completed 12-23-02

(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 James H McCurdy WWC Number 17000
 Date 12-23-02

(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.
 WWC Number _____
 Signed _____ Date _____