

OCT 17 2000

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STATE OF OREGON WATER SUPPLY WELL REPAIR WATER RESOURCES DEPT. SALEM, OREGON (as required by ORS 537.765)

WELL I.D. # L 41336 START CARD # 134394

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

(1) OWNER: Well Number Name William + Sherri Porter Address 1565 37th Ave. NW City Salem State OR Zip 97304

(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 [X] No Depth of Completed Well 403 ft. Explosives used [ ] Yes [X] No Type Amount

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds. Includes entries for Cement and bentonite.

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E [X] Other bentonite placed dry

(6) CASING/LINER: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Table for Casing and Liner with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes entries for 6-in and 4-in casings.

Final location of shoe(s) 165

(7) PERFORATIONS/SCREENS: [X] Perforations Method Saw [ ] Screens Type Material

Table for Perforations/Screening with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

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

Table for Well Tests with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes entry for 25 gal/min, 401 ft, 1 hr.

Temperature of water 52 Depth Artesian Flow Found Was a water analysis done? [ ] Yes [ ] No

(9) LOCATION OF WELL by legal description: County Polk Latitude Longitude Township 7-S N or S Range 3-W E or W. WM. Section 18 SE 1/4 SW 1/4 Tax Lot 454 Lot Block Subdivision Street Address of Well (or nearest address) 1565 37th Ave. NW Salem

(10) STATIC WATER LEVEL: 128 ft. below land surface. Date 8-30-00 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 59

Table for Water Bearing Zones with columns: From, To, Estimated Flow Rate, SWL. Includes entries for 59-61, 119-155, 258-403.

(12) WELL LOG: Ground Elevation

Table for Well Log with columns: Material, From, To, SWL. Includes entries for Top Soil, Red Clay, Red Clay with decomposed basalt, etc.

Date started 8-23-00 Completed 8-30-00

(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.

(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.

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WELL I.D. # L 41336  
START CARD # 134394

STATE OF OREGON  
WATER SUPPLY WELL REGISTER WATER RESOURCES DEPT.  
(as required by ORS 537.765) SALEM, OREGON

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

(1) OWNER: Well Number \_\_\_\_\_  
Name William + Sherri Porter  
Address 1565 37th Ave. NW  
City Salem State OR Zip 97304

(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 403 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL  
Diameter From To Material From To Sacks or pounds

Diameter	From	To	Material	From	To	Sacks or pounds

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:				<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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

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 Polk Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 7-S N or S Range 3-W E or W. WM.  
Section 18 SE 1/4 SW 1/4  
Tax Lot 454 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 1565 37th Ave. NW  
Salem OR 97304

(10) STATIC WATER LEVEL:  
128 ft. below land surface. Date 8-30-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 59

From	To	Estimated Flow Rate	SWL
59	61	Spray	
119	155	5-6	52
258	403	25	128

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Semi-Weathered gray basalt	142	155	
Med Gray basalt	155	184	
Gray basalt with hard tan claystone	184	193	
Semi-fractured Med gray basalt	193	208	
Semi-fractured black basalt	208	225	
Black basalt with fractured seams	225	258	
Fractured black basalt	258	337	
Black basalt with fractured seams	337	403	

Date started 8-23-00 Completed 8-30-00

(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 1629 Date 9-5-00

(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 Floyd G. [Signature] WWC Number 1273 Date 9-5-00