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

WELL I.D. # L 41328
START CARD # 127305

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

(1) OWNER: Well Number _____
Name Rich Pfau
Address 5273 Aldercrest Ct. S
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 204 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	31	Bentonite	0	31	16 SACKS
6	31	204				

How was seal placed: Method A B C D E
 Other Placed Dry
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	31	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 in	-1	204	#100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) Casing Ring at 31 Ft.

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
103	193	1/8x6	100			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
15 _____ _____ 1.5

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 8 SW 1/4 NE 1/4
Tax Lot 3900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4505 Croisan Creek Rd. Salem, OR

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 5-1-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 76

From	To	Estimated Flow Rate	SWL
76	180	15+	50

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
Weathered Sandstone porous	4	13	
Gray Basalt	13	33	
Semi-weathered basalt	33	45	
Decomposed basalt with gray hard seams	45	58	
Black + gray basalt weathered some caving layers	58	150	
Black basalt with blue-green claystone	150	181	
Fractured black basalt with brown claystone	181	204	

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MAY 24 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-28-00 Completed 5-1-00

(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 _____ WWC Number 1629 Date 5-6-00

(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 J. Joppa WWC Number 1273 Date 5-6-00