

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

(New) Catherine Creek Well

Well #2 Campground

WELL I.D. # L 78290

START CARD # 176647

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

(1) LAND OWNER Well Number Name OREGON PARKS & RECREATION DEPT. Address 725 SUMMER ST. NE SUITE C City SALEM State OR Zip 97301-1268

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: [] Yes [X] No Depth of Completed Well 165 ft. Explosives used: [] Yes [X] No Type Amount

Table with columns: BORE HOLE Diameter, From, To, Material, SEAL From, To, Sacks or Pounds. Row 1: 12, 0, 12, CEMENT, 105, 0, 65. Row 2: 11.75, 12, 23, , , , . Row 3: 10, 23, 105, , , , . Row 4: 8, 105, 165, , , , .

How was seal placed: Method [] A [X] 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. Casing: 8, +1.5, 101, 0.25, [X], [], [X], []. Liner: 8, 85, 165, 0.25, [X], [], [X], [].

Drive Shoe used [] Inside [] Outside [X] None Final location of shoe(s)

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

Table with columns: From, To, Slot Size, Number, Diameter, Telephone size, Casing, Liner. Row 1: 125, 145, 1/4X4, 25, 8, , [], [X].

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailor [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 70+, 107, 150, 1HR. Row 2: 85, , , 24HR.

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:

(9) LOCATION OF WELL (legal description) County UNION Tax Lot Lot Township 5 S Range 41 E WM Section 8 SE 1/4 SW 1/4

Lat or (degrees or decimal) Long or (degrees or decimal)

Street Address of Well (or nearest address) 8 MILES SOUTH OF UNION ON HWY 203, CATHERINE CREEK STATE PARK

(10) STATIC WATER LEVEL. 1 ft. below land surface. Date 2-7-06. Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 12, 15, 50GPM, 6. Row 2: 65, 75, 400GPM, 6. Row 3: 125, 145, 85GPM, 1.

(12) WELL LOG Table with columns: SOIL, From, To, SWL. Row 1: BROWN CLAY, GRAVEL, SAND, 2, 9. Row 2: BROKEN BASALT, BROWN CLAY, 9, 19, 6. Row 3: FRAC BASALT, BROWN CLAY, 19, 34, /. Row 4: FRAC BASALT, GRAY CLAY, 34, 48, /. Row 5: FRAC BASALT, BROWN CLAY, 48, 63, /. Row 6: FRAC BASALT, GRAY CLAY, 63, 75, 6. Row 7: FRAC BASALT, BLACK, 75, 87. Row 8: BLACK BASALT, 87, 112. Row 9: FRAC BASALT, TAN CLAY, 112, 122. Row 10: FRAC BASALT, RED CINDERS, 122, 165, 1.

Date Started 12-27-05 Completed 2-6-06

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, 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 Date

Signed

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, 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 1775 Date 2-8-06

Signed [Signature]