

RECEIVED

8.5/39E/7dc

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

Bake 1763

JUN 7 1989

(START CARD) # 0783

(1) OWNER: Name TOM MAC LERNS Address RT 1 BOX 10 City HAINESS State ORC Zip 97833

(2) TYPE OF WORK: [X] Recondition

(3) DRILL METHOD: [X] Rotary Air

(4) PROPOSED USE: [X] Irrigation

(5) BORE HOLE CONSTRUCTION: Depth of Completed Well 233 ft.

Table with columns: HOLE Diameter, SEAL From, To, Material, Amount

How was seal placed: Method [] A [] B [] C [] D [] E

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

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations [] Screens

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

(8) WELL TESTS: Minimum testing time is 1 hour. Yield gal/min 300, Drawdown 189, Drill stem at 245, Time 1 hr.

Temperature of water 53, Depth Artesian Flow Found, Was a water analysis done?

(9) LOCATION OF WELL by legal description: SALEM, OREGON Township 8 N or S, Range 39E Section 7 SW 1/4 SE 1/4

(10) STATIC WATER LEVEL: 61 ft. below land surface. Date 5-8-89

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Table with columns: Material, From, To, SWL. Includes entry: REMOVE SAND 220 250 61

Date started 5-8-89 Completed 5-8-89

(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 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.