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

| (1) OWNER: Well Number 131 #1   | (9) LOCATION OF WELL by legal description:   |  |
|---|--|--|
| Name Don Mcgee Address 32700 Leewood  | County Clack Latitude  | -  |
|   | Township 2 N or S, Range 4   |  |
|   | Section  |  |
| (2) TYPE OF WORK:  New Well Deepen Recondition Abandon  | Tax Lot 3100 Lot Block   | Subdivision  |
|   | Street Address of Well (or nearest address) Same as above  |  |
| (3) DRILL METHOD:   | (10) STATIC WATER LEVEL:   | Mar-denotes .  |
| Rotary Air Rotary Mud Cable   | 1  | Date 7/26/93   |
| Under   | II. below land surface.  | •  |
| (4) PROPOSED USE:  Domestic Community Industrial Irrigation   | Artesian pressure lb. per square inch (11) WATER BEARING ZONES:  | n. Date  |
|   | (II) WATER DEARING ZONES:  | \$   |
| Thermal   Injection   Other   Other | Depth at which water was first found 60  | -  |
| 4.0   | Depth at which water was first found 60  |  |
| Special Construction approval Yes No Depth of Completed Well 127 ft.  Explosives used Yes No Type Amount  | From To Estim  | nated Flow Rate SWL  |
|   |  | 50 40  |
| HOLE SEAL Amount Diameter From To Material From To sacks or pounds  |  |  |
| Diameter From To Material From To sacks or pounds 12 0 38 cement 0 38 33  |  |  |
| 8 38 127  |  |  |
| 8 38 127  | (40) 11771 1 1 0 0   |  |
|   | (12) WELL LOG:  Ground elevation   |  |
| How was seel sleedy Method A D B V C D D  | Ground elevation   |  |
| How was seal placed: Method \( \begin{array}{c ccc} A & \begin{array}{c ccc} B & \begin{array}{c ccc} Z & C & \begin{array}{c ccc} D & \begin{array}{c ccc} E & \end{array} \end{array}  Other  | Material   | From To SWL  |
| Backfill placed from ft. to ft. Material  | top soil   | 0 1  |
| Gravel placed from ft. to ft. Size of gravel  | clay brown   | 1 38   |
| (6) CASING/LINER:   | gravel brown   | 38 45  |
| Diameter From To Gauge Steel Plastic Welded Threaded  | bolders gray   | 45 60  |
| Casing: 8 +2 127 x X  | gravel/sand gray   | 60 90 40   |
|   | sand gray  | 90 117   |
|   | clay blue/green  | 117 127  |
|   |  |  |
| Liner:  |  |  |
|   |  |  |
| Final location of shoe(s)127  | # 3 · · · /  |  |
| (7) PERFORATIONS/SCREENS:   |  |  |
| Perforations Method Air   |  |  |
| Screens Type Material   | KECEIVEN   |  |
| Slot Tele/pipe  | - TAED   |  |
| From To size Number Diameter size Casing Liner  | AUG 1 2 mas  |  |
| 62 90 1/1 400 8 8   | 1  |  |
|   | WATER RESOURCES DEP  |  |
|   | SALEM OREGON   |  |
|   |  |  |
|   |  |  |
| (8) WELL TESTS: Minimum testing time is 1 hour  |  |  |
| Flowing   | Date started 7/20/93 Completed   | 7/22/93  |
| Pump Bailer Air Artesian  | (unbonded) Water Well Constructor Certification:   |  |
| Yield gal/min Drawdown Drill stem at Time   | I certify that the work I performed on the construct   |  |
|   | ment of this well is in compliance with Oregon well consused and information reported above are true to my be  |  |
| 50 80 127 1 hr.   | The second second are true to my oc.   |  |
|   | ,.   | WWC Number   |
|   | Signed   | Date   |
| (bonded) Water Well Constructor Certification:  |  |  |
| Temperature of Water 54 Depth Artesian Flow Found I accept responsibility for the construction, alteration, or abandonment work per formed on this well during the construction dates reported above. All work performed on this well during the construction dates reported above. All work performed on this well during the construction dates reported above.   |  |  |
| Was a water analysis done? Yes By whom  | during this time is in compliance with Oregon well construction dates reported during this time is in compliance with Oregon well construction.  | d above. All work pertormed ruction standards. This report |
| Did any strata contain water not suitable for intended use?  Too little   | is true to the best of my knowledge and onlief.  |  |
| ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other  | Signed A Down C-Yal  | WWC Number 663  Date 8 / 1 0 / 9 3                         |
| DODE OF SURIA   | TOTAL TOTAL CONTRACTOR | 11976() / 1 U / 7.3  |