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STATE OF OREGON **JAN 04 2001**
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # 34043
 START CARD # 135970

33-15-4

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

(1) OWNER: **SALEM, OREGON** Well Number 751
 Name Martin Myhre
 Address PO Box 2
 City Post Office State OR Zip 97465

(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 59'11"
 Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	85	Cement	60	85	10 SK
			Bentonite	0	45	23 SK

How was seal placed: Method A B C D E
 Other Bentonite Poured from surface
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 45 ft. to 60 ft. Size of gravel 10/20

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>4.5"</u>	<u>+1</u>	<u>548</u>	<u>160#</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6"</u>	<u>+1/4</u>	<u>4'</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Protective Casing)</u>							
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Attached to Casing
 Screens Type Johnson V-wire Material SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>548</u>	<u>59'11"</u>	<u>10/16</u>		<u>5"</u>	<u>Pipe</u>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>10</u>	<u>18'</u>	<u>59</u>	<u>1 hr.</u>

Temperature of water 52° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom BW+S
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 78-84

(9) LOCATION OF WELL by legal description:
 County Curry Latitude _____ Longitude _____
 Township 33 N or S Range 15 E or W. WM.
 Section 4 NE 1/4 SW 1/4
 Tax Lot 1800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 44 Hwy 1015

(10) STATIC WATER LEVEL:
36'11" ft. below land surface. Date 12/27/00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 36'11"

From	To	Estimated Flow Rate	SWL
<u>36'11"</u>	<u>60</u>	<u>9.25</u>	<u>36'11"</u>
<u>78</u>	<u>84</u>	<u>-1.6 PM</u>	<u>36'11"</u>

(12) WELL LOG:
 Ground Elevation +1-500'

Material	From	To	SWL
Topsoil	0	1	
Brown Sand Fine-med	1	7	
Sandy Clay white w/peat	7	11	
Cemented Sand Orange	11	18	
Cemented sand red	13	19	
Clay brown	19	23	
Clay Gray	23	25	
Gravel med-Fine w/sand	25	39	36'11"
Fine-CRS Brown			
Gravel med-Fine w/	39	43	
Cemented sand Gravel brn			
Sand Fine-CRS w/ Fine	43	45	
Gravel Brn			
Cemented Sand brown	45	46	
Sandy Clay Orange brown	46	52	
Clay Gravel Fine-med	52	54	
Sandy Clay brn w/Gravel Fine	54	56	
Clay Gravel Fine-med	56	60	
Sandy Clay Orange brn	60	78	
Gravel Fine-med w/Clay brn	78	85	

Date started 12-22/00 Completed 12/27/00

(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.
 WWC Number _____
 Signed _____ Date _____

(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.
 WWC Number 1493
 Signed John Meade Sr. Mowc Date 12/28/00