

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210) JUL 05 2013

WELL LABEL # L 110316
START CARD # 208703
ORIGINAL LOG # _____

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

(1) LANDOWNER Know Thyself SALEM OFFSHORE Foundation Owner Well I.D. _____
First Name Know Thyself SALEM OFFSHORE Foundation
Company Know Thyself as Salem Foundation
Address P.O. Box 10
City Umpqua State OR. Zip 97486

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 160' ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0	21	Bentonite	0	21	8 SCKS	
6"	21	160					

How was seal placed: Method A B C D E
 Other Poured and Tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	2	22	.250	X		X	
	X	4"	-	4	160	SDR26		X		

Shoe Inside Outside Other Location of shoe(s) 22'
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Skillsaw
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X		X		20	160	7/4	8	120		

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 10 G.P.M. Drawdown _____ Drill stem/Pump depth 160' Duration (hr) 1hr.
Temperature 55° F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Douglas Twp 25 N of 0 Range 6 E of 10 W.M.
Sec 30 1/4 of the _____ 1/4 Tax Lot 500
Tax Map Number _____ Lot _____
Lat _____ " or 43 36 75.2 DMS or DD
Long _____ " or 123 45 52.2 DMS or DD
Street Address of Well (or nearest address) 6465 Fort McKay Rd. Umpqua, OR 97486

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>7-1-13</u>			<u>16'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-1-13</u>	<u>35</u>	<u>36</u>	<u>4 G.P.M.</u>			<u>16</u>
<u>7-1-13</u>	<u>110</u>	<u>111</u>	<u>6 G.P.M.</u>			<u>16'</u>
<u>may fluctuate</u>						

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Clay yellow</u>	<u>0</u>	<u>8</u>
<u>Clay-Sandy-Small</u>	<u>8</u>	<u>15</u>
<u>(Gravel)</u>		
<u>Sandstone-Med-Hard</u>	<u>15</u>	<u>26</u>
<u>Sandstone-Soft</u>	<u>26</u>	<u>28</u>
<u>" " med-Hard</u>	<u>28</u>	<u>35</u>
<u>" " Fract.</u>	<u>35</u>	<u>36</u>
<u>" " med-Hard</u>	<u>36</u>	<u>45</u>
<u>" " Hard</u>	<u>45</u>	<u>76</u>
<u>" " med-Hard</u>	<u>76</u>	<u>110</u>
<u>" " Fract.</u>	<u>110</u>	<u>111</u>
<u>" " med-Hard</u>	<u>111</u>	<u>160</u>

Date Started 7-1-13 Completed 7-1-13

(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.

License 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.

License Number 11686 Date 7-2-13
Signed Todd Moore
Contact Info. (optional) _____