

L64593 WELL I.D.# L01331

STATE OF OREGON
WATER SUPPLY WELL REPORT 50036
(as required by ORS 537.765)

MAR 24 1997

(START CARD) # W93502

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

(1) OWNER: Well Number 50036 **SALEM, OREGON**

Name Mc WHINN, Terry
 Address 66354 Upper Robcreek Road
 City Arlington State ore Zip 97812

(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 320 ft.
 Explosives used Yes No type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	120				
8"	120	320				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	0	120	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 120 Feet

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
<i>(This table is crossed out with a large diagonal line)</i>							

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water 52° 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 by legal description:
 County GILLIAM Latitude _____ Longitude _____
 Township 15 N or S Range 21E E or W. WM.
 Section 18 SE 1/4 NE 1/4
 Tax Lot 1800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
145 ft. below land surface. Date 2-18-97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
138	149	counted 40 Gpm	145
280	285	120 Gpm	145
301	318	300 + Gpm	145
31	34	4 Gpm	16

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SOIL	0	12	
Clay	12	15	
2" Gravel	15	16	
Black Basalt	16	18	
Broken Basalt	18	34	16
Black Basalt	34	48	
Broken Basalt	48	56	
Black Basalt	56	69	
Soft Brown + yellow	69	77	
Broken Basalt	77	98	
Black Basalt	98	110	
Brown Basalt	110	115	
Black Basalt	115	138	
Brown scoria yellow	138	149	145
Black Basalt	149	205	
Brown Basalt	205	225	
Gray Basalt	225	280	
Brown scoria + yellow sand	280	285	145
Black Basalt	285	301	
Red Brown + yellow	301	318	
Black Basalt	318	320	

Date started 1-18-97 Completed 2-18-97

(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.

Signed Christy Burman WWC Number 1663 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.

Signed Jerry Burd WWC Number 544 Date 3-14-97