

** Memorial Community Church Lane Amend*
 19254 Hwy. 36
 Blachly, Ore. 97412

**STATE OF OREGON
 WATER SUPPLY WELL REPORT**
(As required by ORS 537.765)

WELL ID. # L 61922
 START CARD # 155085

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

(1) LAND OWNER Well Number: 1

Name: Memorial Community Church
 Address: 22533 Memorial Way
 City: Blachly, OR State: OR Zip: 97412

(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 103'
 Explosives used Yes No Type X Amount X

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	SEALFOAM	0	18	8 1/2 SACKS
6"	18	100				

How was seal placed: Method A B C D E
 Other: FOURTEEN (14) TAMPERS
 Backfill placed from X ft. to X ft. Material X
 Gravel placed from X ft. to X ft. Size of gravel X

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	18	100	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	5	100	4146	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 112

(7) PERFORATIONS/SCREENS:
 Perforations Method SKILL SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tel./pipe size	Casing	Liner
42'	39'	6"	8"	7/8"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
40 GPM	100"	39'	1 hr

Temperature of water 57°F Depth Artesian Flow Found X
 Was a water analysis done? No Yes By whom X
 Did any strata contain water not suitable for intended use? X Too little
 Salty Muddy Odor Colored Other X
 Depth of strata: X

(9) LOCATION OF WELL by legal description:
 County: CLATSOP Latitude: X Longitude: X
 Township: 10 S N or S Range: 7 W E or W. WM.
 Section: 11 NE 1/4 SE 1/4
 Tax Lot: 801 Lot: X Block: X Subdivision: X
 Street Address of Well (or nearest address): 19254 HWY 36
Blachly, OR 97412

(10) STATIC WATER LEVEL:
7' ft. below land surface. Date: 4/24/03
 Artesian pressure X lb. per square inch Date: X

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
87	83	20 GPM	
89	90	20 GPM	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Gravel backing lot	0	1	
Clay Brown w/pebbles	1	4	
SS - weathered	4	12	
SS - Brown - soft	12	33	
SS Blue gray - very hard	33	36	
SS - Brown - soft	36	72	
SS - Blue gray - med.	72	76	
SS - Brown - soft & med.	76	100	6'

Date started 4/24/03 Completed 4/24/03

(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 _____ WWC Number _____ 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 Bill Fielder WWC Number 1463

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 61922
START CARD # 155085

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

(1) LAND OWNER Well Number 1
Name MIKE PALMER
Address 22633 Williams Way
City NOTI, OR. State OR Zip 97461

(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 100' ft.
Explosives used Yes No Type X Amount X

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	18	Bentonite	0	18'	8 1/2 sacks	
6"	18	100'					

How was seal placed: Method A B C D E
 Other (flow rec & tam rec)
Backfill placed from X ft. to X ft. Material X
Gravel placed from X ft. to X ft. Size of gravel X

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1 1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-5	100'	21166	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 1/4

(7) PERFORATIONS/SCREENS:
 Perforations Method skill saw
 Screens Type X Material X

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
42'	99'	6"	84	4 1/2"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40 gpm	100' b	99'	1 hr

Temperature of water 57°F Depth Artesian Flow Found X
Was a water analysis done? no Yes By whom D
Did any strata contain water not suitable for intended use? X Too little
 Salty Muddy Odor Colored Other X
Depth of strata: X

(9) LOCATION OF WELL by legal description:
County LANE Latitude X Longitude X
Township 16S N or S Range 7W E or W. WM.
Section 19 NE 1/4 SE 1/4
Tax Lot 801 Lot X Block X Subdivision X
Street Address of Well (or nearest address) 19254 Hwy 36
Blackley, OR 97412

(10) STATIC WATER LEVEL:
7' ft. below land surface. Date 4/24/03
Artesian pressure X lb. per square inch Date X

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
82	83	20 GPM	7'
89	90	20 GPM	7'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gravel Parking Lot	0	1	
Clay Brown w/ boulders	1	4	
SS - weathered	4	12	
SS - Brown - soft	12	33	
SS Blue gray - very hard	33	36	
SS - Brown - soft	36	72	
SS - Blue gray - med.	72	76	
SS - Brown - soft w/ frac	76	100	6'

Date started 4/24/03 Completed 4/24/03

(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 1923
Signed Michael J. [Signature] Date 4/25/03