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STATE OF OREGON WATER SUPPLY WELL REPORT

MAR 1 20815

OCT 24 1995

(START CARD) # 65335

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

SALEM, OREGON

(1) OWNER: Well Number _____

Name Jeff McDonald
Address 6704 Indian Springs Rd
City Scotts Mills State OR Zip 97135

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 360 ft.

Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | | |
|----------|------|-----|------------|------|-----|-----------------|--|
| Diameter | From | To | Material | From | To | Sacks or pounds | |
| 10 | 0 | 136 | Cement | 0 | 136 | 47 sacks | |
| 10 | 136 | 145 | Bent Chips | 136 | 145 | 8 sacks | |
| 6 | 145 | 360 | | | | | |

How was seal placed: Method A B C D E

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: 6 | +1.5 | 145 | .025 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: 4 1/2 | +1 | 360 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:
 Perforations Method SKILSAW

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 290 | 360 | 1/8 x 1/6 | 200 | 4.25 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|----------|---------------|--------------|
| 25 | N/A | 359 | 1 hr. |

Temperature of water 54 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 Marion Latitude _____ Longitude _____
Township 65 N or S Range 1E E or W. WM. _____
Section 27 SE 1/4 NW 1/4 _____
Tax Lot UNKNOWN Block _____ Subdivision _____
Street Address of Well (or nearest address) same as mailing

(10) STATIC WATER LEVEL:
236 ft. below land surface. Date 10-10-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 287

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 287 | 300 | 25 GPM | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------------------------|------|------|-----|
| Topsoil | 0 | 8.5 | |
| Clay brown with gravel | 8.5 | 12.5 | |
| Basalt brown weathered | 12.5 | 16 | |
| Basalt w/clay weathered | 16 | 36 | |
| Basalt w/gray/clay weathered | 36 | 50 | |
| Clay chert gray with weathered basalt | 50 | 53 | |
| Clay light gray w/weathered basalt | 53 | 64 | |
| Clay green w/weathered basalt | 64 | 131 | |
| Sandstone gray w/claystone | 131 | 150 | |
| Sandstone gray | 150 | 157 | |
| Claystone blue hard | 157 | 169 | |
| Sandstone gray | 169 | 196 | |
| Sandstone gray w/clay | 196 | 206 | |
| Sandstone gray | 206 | 263 | |
| Sandstone green | 263 | 360 | |

Date started 10/6/95 Completed 10/10/95

(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 Timothy A. Galas WWC Number 11660 Date 10/18/95

(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 Dyn B. Skelton WWC Number 1358 Date 10-18-95