

RECEIVED

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

Mari
50231

MAR - 7 1996

(START CARD) # 78611

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

WATER RESOURCES DEPT.

(1) OWNER:

Name Lisa McKay
Address 19393 French Prairie Rd.
City St. Paul State OR Zip 97137

Well Number _____

SALEM, OREGON OF WELL by legal description:

County Marion Latitude _____ Longitude _____
Township 6S N or S Range 2W E or W. WM.
Section 4 SW 1/4 SE 1/4
Tax Lot 473 43 000 Block _____ Subdivision _____
Street Address of Well (or nearest address) Waconda Rd.

(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 227 ft.
Explosives used Yes No Type _____ Amount _____

HOLE

| Diameter | From | To | Material | From | To | Sacks or pounds |
|----------|------|-----|------------|------|----|-----------------|
| 20" | 0 | 43 | 3/8" hole | 0 | 43 | 55 sacks |
| 16" | 43 | 227 | plug bent. | | | |

SEAL

How was seal placed: Method A B C D E
 Other OAR 690-210-340

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: 16" | +2' | 183' 5 1/4" | .375 | <input checked="" 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) 183' 5 1/4"

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|-----------|----------------|--------------------------|--------------------------|
| 175 | 184 | | | 14" | Stainless | pipe | <input type="checkbox"/> | <input type="checkbox"/> |
| 184 | 194 | .150 | | 14" | Stainless | screen | <input type="checkbox"/> | <input type="checkbox"/> |
| 194 | 205 | | | 14" | Stainless | pipe | <input type="checkbox"/> | <input type="checkbox"/> |
| 205 | 208 | .070 | | 14" | Stainless | screen | <input type="checkbox"/> | <input type="checkbox"/> |
| 208 | 225 | .150 | | 14" | Stainless | screen | <input type="checkbox"/> | <input type="checkbox"/> |
| 225 | 227 | | | 14" | Stainless | pipe | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 800 | | 226 | 6 hrs |

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: _____

(10) STATIC WATER LEVEL:

25' ft. below land surface. Date 2-9-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 105'

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 105' | 131 | 200 gpm | 25' |
| 184 | 194 | 500 gpm | 25' |
| 205 | 227 | 1000 gpm | 25' |

(12) WELL LOG:

Ground Elevation _____

| Material | From | To | SWL |
|--------------------|------|-----|-----|
| topsoil | 0 | 2 | |
| Clay brown | 2 | 28 | |
| Clay gray | 28 | 62 | |
| Clay sandy | 62 | 92 | |
| Gravel | 92 | 95 | |
| Clay sandy gray | 95 | 102 | |
| Cemented gravel | 102 | 105 | |
| Sand black, gravel | 105 | 126 | 25' |
| Sand brown, gravel | 126 | 131 | |
| Clay brown | 131 | 132 | |
| Clay gray | 132 | 170 | |
| Cemented gravel | 170 | 184 | |
| Sand black, gravel | 184 | 194 | 25' |
| Clay gray | 194 | 199 | |
| Cemented gravel | 199 | 205 | |
| Sand black, gravel | 205 | 227 | 25' |

Date started 12/6/95 Completed 2/9/96

(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 Kermit Martin WWC Number 1391
Date 2/29/96

(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 Ivan Hudson WWC Number 783
Date 2/27/96