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 Received
 JUL 08 1998
 WR
 Jeff WR

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

Pg 1 of 2
 WELL I.D. # L 20449
 START CARD # 114298

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

(1) OWNER: Well Number _____
 Name Peter Dinsdale
 Address 7240 River Rd S
 City Salem State OR Zip 97306

(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	
14	0	20	Cement	0			
12	20	98			98	58+ bentonite	
10	98	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: 10	+2	98	.250	<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) No Shoe 98 ft. bottom of casing

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
500+		318	1 hr.

Temperature of water 53 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 8-S N or S Range 2-W E or W. WM.
 Section 12 SE 1/4 NW 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 7515 Howell Prairie Rd Salem Oregon

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 5-18-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 16 feet

From	To	Estimated Flow Rate	SWL
16	34	100	5
68	76	50+	23
108	262	500+	23

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	4	
Reddish brown clay	4	7	
Gray Clay	7	16	
Decomposed basalt	16	34	5
Large broken basalt	34	45	
Hard Gray basalt	45	68	
Semi-broken basalt	68	76	
Gray basalt	76	82	
Fractured Gray basalt	82	90	
Gray basalt	90	108	
Weathered Porous basalt	108	128	23
Fractured Gray basalt	128	138	23
Gray basalt	138	149	
Fractured Gray basalt	149	152	23
Brown + Gray Fractured basalt	152	156	23
Fractured Gray basalt	156	172	23
Fractured black basalt	172	186	23

Date started 4-23-98 Completed 5-18-98

(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 [Signature] WWC Number 1629
 Date 5-18-98

(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 [Signature] WWC Number 1273
 Date 5-18-98

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HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
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Depth at which water was first found 16 feet

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Hard Gray basalt</u>	<u>186</u>	<u>190</u>	
<u>Fractured Gray basalt</u>	<u>190</u>	<u>222</u>	<u>23</u>
<u>Weathered basalt</u>	<u>222</u>	<u>243</u>	<u>23</u>
<u>Porous brown basalt</u>	<u>243</u>	<u>246</u>	<u>23</u>
<u>Porous black basalt</u>	<u>246</u>	<u>262</u>	<u>23</u>
<u>Hard Gray basalt</u>	<u>262</u>	<u>320</u>	

Date started 4-23-98 Completed 5-18-98
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