

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

MARI
 54429

WELL I.D. # L 34626
 START CARD # 127254

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

(1) OWNER: Well Number 3426
 Name Enchanted Forest
 Address 8462 Enchanted Way
 City Turner State OR Zip 97392

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	95	Cement	0	95	34 cement
8"	95	100	+ 5% bent	95	100	4 bent
6"	100	240	Open Hole			

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:	6"	+1	100	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	240	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 100 ft

(7) PERFORATIONS/SCREENS:

Perforations Method Skil saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	240	1/8 x 6	160			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
20		240	1 hr.

Flowing Artesian
 Pump Bailer Air

Temperature of water 53 Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 8S N or S Range 3W E or W. WM.
 Section 36 SW 1/4 SW 1/4
 Tax Lot 00200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Same as #1

(10) STATIC WATER LEVEL:
157 ft. below land surface. Date 10/15/99
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 210 ft

From	To	Estimated Flow Rate	SWL
210	240	20	157

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Red Clay	1	55	
Black Basalt	55	58	
Decomposed Black Basalt	58	75	
Decomposed Brown Basalt	75	91	
Hard Black	91	210	
Broken Black Basalt	210	240	157

RECEIVED

OCT 28 1999

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 10/11/99 Completed 10/15/99

(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 Richard Masselli's WWC Number 1728 Date 10/21/99

(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 Dorcas Lewis WWC Number 561 Date 10/21/99