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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 38438
START CARD # 128451

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

(1) OWNER: Well Number _____
Name JOHN LEKAS C/O FRED PAGE DRILLING INT'L
Address PO BOX 1232, 7051 ZIMMERMAN RD.
City CANBY State OR Zip 97013

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

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | |
| 12 | 0 | 45 | Cem/Bent | 0 | 45 | 17 SKS W/GET |
| 10 | 45 | 175 | Cem/Bent | 45 | 175 | 29 SKS W/GET |
| 8 | 175 | 350 | | | | |

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: 8" | +1 | 175 | .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"/> |

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------------------|----|-----------|--------|----------|----------------|--------|-------|
| _____ | | | | | | | |

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

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|----------|---------------|--------------|
| 200+ | | 350 | 1 hr. |
| 190 | | 325 | " |
| 140 | | 200 | " |

Temperature of water 53°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
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 4S N or S Range 1W E or W. WM.
Section 05 NW 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 23355 BUTTEVILLE RD, NE
AURORA, OR

(10) STATIC WATER LEVEL:
112 ft. below land surface. Date 12/15/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 127

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 127 | 250 | 50 GPM | 112 |
| 250 | 300 | 50 GPM | 112 |
| 300 | 350 | 100 GPM | 112 |

(12) WELL LOG:

Ground Elevation _____

| Material | From | To | SWL |
|--|------|-----|-----|
| Brown clay streaks | 0 | 13 | |
| Brown silty clay, soft w/brn. sand | 13 | 37 | |
| Brown basalt, very weath | 37 | 42 | |
| Gray clay, firm, sticky | 42 | 47 | |
| Brown&gray-brown basalt, weathered | 47 | 55 | |
| Gray-black basalt, w/occ. brown basalt streaks | 55 | 127 | |
| Brown basalt, interbeds, brkn. caving | 127 | 160 | 112 |
| Black & brown basalt | 160 | 178 | |
| Brown basalt, brkn, frac. | 178 | 250 | |
| Black&brown basalt, brkn, occ. very broken | 250 | 290 | |
| Gray-brown basalt, frac., occ. brown broken | 290 | 345 | |
| Brown basalt interbed w/ash clays | 345 | 350 | 112 |

Date started 12/03/99 Completed 12/15/99
(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 _____ 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 _____ WWC Number 573 Date 12/15/99