

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

Mar 1
 55054

MAR 14 2001

WELL I.D.# 26728

WATER RESOURCES DEPARTMENT CARD # 130228
 MULTNOMAH, OREGON

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

(1) OWNER: Well Number _____

Name MD Aviation
 Address 4401 NE 141st Rd
 City Burns State OR Zip 97702

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	1	72	Bentonite	1	72	21 sacks
8	72	257				

How was seal placed: Method A B C D E

Other Granular Bentonite method
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8	0	257	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 257

(7) PERFORATIONS/SCREENS

From	To	Shot size	Number	Diameter	Telephone size	Casing	Liner
123	169	20	240			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gpm	Drawdown	Drill stem at	Time
50	48		2 hr

Temperature of water 55 Depth Artesian _____

Was a water analysis done? Yes No By whom _____
 Did any strata contain water not suitable for intended use? Yes No
 Salty Murky Oily Colored Other _____
 Depth of strata: _____

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AUG 11 2000

WATER RESOURCES DEPT.
 MULTNOMAH, OREGON

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 4S N or S Range 1W E or W. WM.
 Section 11 Co. 14 Ne. 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
78 ft. below land surface. Date June 21
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
3	257		78
9	23	PB	9
90	241		78

(12) WELL LOG:

Material	From	To	SWL
Soil	1	3	
Clay, brown, silty	3	23	
Clay, brown	23	56	
Clay, grey	56	114	
Coarsened Gravel	114	176	
Gravel, loose, clayey	176	177	
Clay, grey	177	151	
Clay, greenish	151	176	
Clay, grey	176	206	
Clay, dk grey, silty	206	215	
Clay, grey	215	221	
Clay, lt blue	221	229	
Clay, grey	229	235	
Silty, dark grey	235	241	
Clay, grey	241	257	

Date started April 19 Completed July 10, 2000

(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.

WWC Number _____
 Signed _____ 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.

WWC Number 243
 Signed [Signature] Date 8-9-00