

JUN 1 8 2001

STATE OF OREGON
 WATER SUPPLY WELL REPAIRER RESOURCES DEPT.
 (as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 48791
 START CARD # 138718

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

(1) OWNER: Well Number #2
 Name Salem Development Co.
 Address P.O. Box 335
 City Salem State Or. Zip 97308

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
			<u>N/A</u>			

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
<u>N/A</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>32'</u>	<u>37.0'</u>	<u>1/8x2 1/2"</u>	<u>36</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 215 Drawdown 4'-1" Drill stem at _____ Time 3 1/2 hr.

Temperature of water 56° 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 M Marion Latitude _____ Longitude _____
 Township 7S N or S Range 3W E or W. WM.
 Section 31 NW 1/4 SW 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3376 Country Club Drive S, 97302

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date April 5, 2001
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
	<u>N/A</u>		

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>A rehabilitation process of an existing well (MARI #13075) included cutting slots in the old casing.</u>			
<u>Existing well log shows well location in different map location. I consider above location to be correct.</u>			

Date started April 3, 2001 Completed April 6, 2001

(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 _____ Date _____ WWC Number _____

(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 Michael Waldoop WWC Number 633 Date April 30, 01