

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

MARI 57370

(WELL I.D.)# L 64044 (Page one of three)

(START CARD) # 144226

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

(1) OWNER: Well Number **64044**
Name **North Santiam School District**
Address **1155 N Third Ave**
City **Stayton** State **OR** Zip **97383**

(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 **372** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
11.25+	0	31	Bentonite	0	34	32 sacks
9.5	31	54	Cement	34	224	35 sacks w/ Bent.
8	54	224				
6	224	372				

How was seal placed: Method A B C D E
 Other **Bentonite poured & probed**
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	+1.5	224	.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) **224.5**
(7) PERFORATIONS/SCREENS:

From	To	Type	Material	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
 Pump Bailer Air Flowing Artesian
Yield gal/min **100+** Drawdown _____ Drill stem at **370** Time **1 hr.**
Temperature of water **55** Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom **Mack Drilling**
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 **9** S Range **1** W WM.
Section **3** SW 1/4 SW 1/4
Tax Lot **100** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **1021 Shaff Rd, Stayton, OR 97383**

(10) STATIC WATER LEVEL:
42 ft. below land surface. Date **06-20-03**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **25**

From	To	Estimated Flow Rate	SWL
17	25	30	17
268	300	5	42
326	344	15	42
344	362	55	42
362	372	25+	42

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gravel & clay sandy br	0	4	
Boulders gravel & sand br	4	10	
Cobbles boulders & gravel sandy br	10	16	
Gravel & sand br some clay br LC	16	30	17
Gravel large 4" w/clay stone br	30	35	
Gravel w/clay stone br	35	39	
Clay stone br soft	39	45	
Clay stone br w/gravel	45	51	
Clay stone br & gray sandy soft	51	64	
Clay & clay stone br soft	64	98	
Clay stone reddish br w/frx & gravel	98	126	
Clay stone red & brown soft w/clay stone	126	157	
Clay stone greenish br	157	168	
Clay stone by w/clay multi br & gray sticky	166	178	
Clay gray w/gravel	178	187	
Clay to clay stone gray	187	195	
Clay stone blue	195	201	
Basalt blk	201	204	
Clay stone multi blue & green to gray	204	210	

Date started **06-17-03** Completed **06-20-03**

(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 **1394** Date **06-27-03**

(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.
MACK DRILLING COMPANY, INC. WWC Number **1394**
Signed _____ Date **06-27-03**

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

MARI 57370

(WELL I.D.)# L 64044 (Page two of three)

(START CARD) # 144226

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

(1) OWNER: Well Number **64044**
 Name **North Santiam School District**
 Address **1155 N. Third Ave**
 City **Stayton,** State **OR** Zip **97383**

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:				<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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

Pump Bailer Air 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 _____
 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 _____ Latitude _____ Longitude _____
 Township _____ N or S Range _____ E or W WM.
 Section _____ 1/4 _____ 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

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

From	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
*****continued from page one*****			
Clay stone & clay gray	210	215	
Basalt blk w/clay stone green	215	222	
Basalt frx blk green	222	224	
Basalt blk w/gravels multi colored	224	228	
Basalt blk soft	228	238	
Basalt gray hard	238	257	
Basalt gray hard	257	260	
Clay stone green	260	264	
Clay stone blue green w/basalt	264	268	
Basalt blk w/frxs	268	270	42
Basalt blk w/clay stone green	270	273	
Basalt blk hard	273	282	
Basalt blk w/frx blue some vesicular	282	285	
Basalt blk hard	285	313	
Basalt gray & blk seamy hard	313	319	
Basalt gray blk green seamy hard	319	326	
Basalt gray & green frx diced	326	332	
Basalt grey w/frx blk	332	344	42
*****continued on page three*****			

Date started **06-17-03** Completed **06-20-03**

(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 **1394**
 Date **06-27-03**

(bonded) Water Well Constructor Certification:
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MACK DRILLING COMPANY, INC.
 Signed _____ WWC Number **1394**
 Date **06-27-03**

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 57370

(WELL I.D.)# L 64044 (Page three of three)

(as required by ORS 537.765)

(START CARD) # 144226

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

(1) OWNER: Well Number 64044
Name North Santiam School District
Address 1155 N Thrid Ave
City Stayton State OR Zip 97383

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

HOLE SEAL
Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds

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:
Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded
Casing:
Liner:

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
Table with columns: From, To, Slot size, Number, Diameter, Material, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour
Table with columns: Yield gal/min, Drawdown, Drill stem at, Time, Temperature of water, 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W WM. _____
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

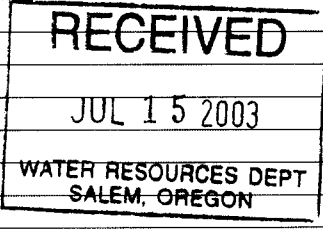
(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

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

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground Elevation _____

Table with columns: Material, From, To, SWL
*****continued from page two*****
Basalt gray m-hard 344 348 42
Basalt blk w/clay stone blue weathered & vesicular 348 352 42
Basalt gray & br 352 354 42
Basalt blk frx br 354 362 42
Basalt gray hard w/frx black 362 372 42



Date started 06-17-03 Completed 06-20-03

(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 1394 Date 06-27-03

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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.
MACK DRILLING COMPANY, INC. WWC Number 1394
Signed _____ Date 06-27-03