

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

MACK DRILLING MARI 58221
 PO BOX 12007
 SALEM, OR 97309-0067

(WELL I.D.) # 61279
 (START CARD) # 165577

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

(1) OWNER: Well Number 61279

Name Salem Facilities Management Group
 Address PO Box 20236
 City Keizer State OR Zip 97307

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
11.31	0	19	Bentonite	0	19	12 sacks
7.5	19	77				
5.5+	77	240				

How was seal placed: Method A B C D E
 Other poured & probed
 Backfill placed from _____ ft. to _____ ft. Material 10/20 silica
 Gravel placed from 45 ft. to 118 ft. Size of gravel sand

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	77	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	0	86	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 77' UR Shoe

(7) PERFORATIONS/SCREENS:

Perforations Method Mono Flex Factory
 Screens Type slots Material PVC

From	To	Slot size	Number cont	Diameter	Tele/pipe size	Casing	Liner
86	116	.010			4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4" cap on bottom							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
15	12'		4 hrs.
20	17	75	1 hr.

Temperature of water 54 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 Marion Latitude _____ Longitude _____
 Township 9 S Range 3 E WM.
 Section 35 SW 1/4 NW 1/4
 Tax Lot 101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 39945 Gates School Rd., Gates OR 97346

(10) STATIC WATER LEVEL:
58 ft. below land surface. Date 06-16-04
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 86

From	To	Estimated Flow Rate	SWL
86	118	20	58

RECEIVED
 JUL 19 2004

(12) WELL LOG: WATER RESOURCES DEPT
 Ground Elevation _____ SALEM, OREGON

Material	From	To	SWL
Topsoil dark	0	1	
Clay br rusty	1	11	
Gravel cobbles w/sandy clay br	11	31	
Gravel & sand w/cobbles	31	34	
Gravel cobbles & boulders w/sandy clay br LC	34	78	
Clay br silty to sand fine rusty	78	104	58
Silt light brown soft w/fine sand layers	104	120	88
Silt br soft muddy and ashy	120	240	

Date started 06-10-04 Completed 06-16-04

(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 Eugene L. Blake WWC Number 1394 Date 07-07-04

(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 Eugene L. Blake WWC Number 1394 Date 07-07-04