

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

WELL I.D. # L 93733

START CARD # 196080

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

(1) LAND OWNER Well Number 1
Name BLM - DEPT OF INTERIOR - SALEM DIST OFFICE
Address PO BOX 2965
City PORTLAND State OR. Zip 97208

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 204 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10"	0	22'	CEMENT	0	22	36 SACKS
8"	22'	38'	CEMENT	22	38	10 SACKS
6"	38'	204'				

How was seal placed: Method A B C D E
 Other (TEMP. CASINGS USED)
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"	+2	38'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	-4	204'	CL10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS

Perforations Method SKILL SAW
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
105'	200'	6"	105	1/8"	4 1/2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5 GPM	192'	203'	5 HRS

Temperature of water 51° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes No little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County MARION
Tax Lot 100 Lot _____
Township 9S N or S Range 3E E or W WM
Section 7 SE 1/4 SW 1/4
Lat _____ ' _____ " or _____ (degrees or decimal)
Long _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) CANYON CR. REC. SITE 6 1/2 MILE MKR ON NO. FORK RD. OFF HWY 22E.

(10) STATIC WATER LEVEL
12' ft. below land surface. Date 2-6-08
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 13'

From	To	Estimated Flow Rate	SWL
13'	14'	10 GPM	9'
118'	120'	3 GPM	12'
145'	146'	2 GPM	12'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
FOREST TOPSOIL	0	2	
SANDY CLAY w/ROOTERS	2	10	
SMALL GRAVEL w/COARSE SAND	10	22	
GREEN GRAY CLAY	22	29	
BASALT - GRAY	29	42	
C.S. BROWN w/BROWN CLAY	42	45	
GREEN GRAY CLAY FRAG.	45	68	
BASALT w/QUARTZ	68	72	
SHALE - RED-BROWN	72	83	
GREEN GRAY CLAY	83	95	
GREEN GRAY CLAY - FRACTURED	95	163	12'
BASALT - GRAY w/RED CLAY	163	191	"
BASALT - BLUE GRAY	191	204	"

Date Started 1-23-08 Completed 2-6-08

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 1723 Date 3-4-08
Signed [Signature]

MAR 06 2008