

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

WELL I.D. # L 63733
START CARD # 156993

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

(1) LAND OWNER Well Number 2209
Name C & L Farms
Address 26011 Old River Rd
City Monroe State OR Zip 97456

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

HOLE		SEAL	
Diameter	From To'	Material	From To' Sacks or pounds
<u>20"</u>	<u>0' 18'</u>	<u>Cement</u>	<u>0' 18' 22 Sacks</u>
<u>16"</u>	<u>18' 27'</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
Casing: <u>16"</u>	<u>+1'</u>	<u>27'</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 27'

(7) PERFORATIONS/SCREENS:
 Perforations Method Torch Cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>19'</u>	<u>26'</u>	<u>1/4" x 6"</u>	<u>176</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>200 GPM+</u>		<u>27'</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

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 Benton Latitude _____ Longitude _____
Township 14S N of S Range 05W E of W WM.
Section 15 SE 1/4 SW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Staw Pit Road
Monroe - 1/2 mi. East of Hwy 99W

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 6-26-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
<u>19'</u>	<u>27'</u>	<u>200+ GPM</u>	<u>10'</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Topsoil</u>	<u>0</u>	<u>3</u>	
<u>Sandy loam</u>	<u>3</u>	<u>13</u>	
<u>Blue Sand</u>	<u>13</u>	<u>15</u>	
<u>Brown Sand & GRAVEL</u>	<u>15</u>	<u>27</u>	<u>10'</u>

RECEIVED

JUL 22 2003

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-26-03 Completed 6-26-03

(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 John P. Helms WWC Number 1742 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.
Signed Donald J. Foving WWC Number 751 Date 6-26-03