

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 97863

START CARD # 198570

(1) LAND OWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company VALLEY GROWERS NURSERY INC.

Address PO BOX 610

City HUBBARD

State OR

Zip 97032

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 309 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/ lbs
14	0	30	Cement	0	110	69	S
12	30	110	Cement				
8	110	310					

How was seal placed:

Method ☐ A ☐ B ☒ C ☐ D ☐ E☐ Other _____

Backfill placed from 309 ft. to 310 ft. Material sand

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☒	8	☒	1.5	252	.250	☒	☒	☒	☒
☐	☐	8	☐	299	311	.250	☐	☐	☐	☐
☐	☐	7	☐	237	253	.188	☐	☐	☐	☐
☐	☐	7	☐	263	288	.188	☐	☐	☐	☐
☐	☐	7	☐	298	309	.188	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) 311Temp casing ☒ Yes Dia 14 1/2 From 0 To 99

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Johnson - tele Material Stainless

Perf/S	Casing/ Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen		8	253	263	15			
Screen		8	288	298	7			

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200	111.5	200	4

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 5 S N/S Range 1 E E/W WM

Sec 5 NW 1/4 of the SW 1/4 Tax Lot 1905

Tax Map Number _____

Lot _____

Lat _____ " or 0 DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

30570 S BARLOW RD HUBBARD OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	03-04-2009		54

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 12

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-03-2008	12	19	5		8
11-04-2008	30	48	15		19
11-11-2008	72	93			42
	110	122			63
	136	155			63

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	1
Brown clay and top soil	1	12
Gray and brown silt	12	18
Dark brown clay	18	25
Soft gray clay	25	30
Soft silty brown clay wih fine sand	30	48
Brown clay and gravel	48	50
Brown silty clay	50	60
Sandy brown clay	60	72
Find gray sand	72	79
Blue-gray fine sandy clay with small gravel	79	93
Blue-gray clay	93	105
Cemented sand medium coarse	105	110
Black sand and gravel	110	116
Medium to fine sand dark gray	116	120
Tight sand and gravel	120	122
Sandy gray clay	122	124
Brown gray and yellow clay	124	134
Blue clay and gravel	134	136

Date Started 11-01-2008

Completed 03-04-2009

(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.

License Number 1629

Date 03-10-2009

Password: (if filing electronically)

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.

License Number 1273

Date 03-10-2009

Password: (if filing electronically)

Signed _____

Contact Info (optional) _____

ORIGINAL WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WATER RESOURCES DEPT
SALEM, OREGON

Form Version: 0.89

WATER SUPPLY WELL REPORT -
continuation page

WELL I.D. # L 97863

START CARD # 198570

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☐		☐				☐	☐	☐	☐
☐		☐				☐	☐	☐	☐
☐		☐				☐	☐	☐	☐
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☐		☐				☐	☐	☐	☐

(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/Screen Liner	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

RECEIVED

MAR 27 2009

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
	185	205			☐	63
	224	250			☐	63
	253	262			☐	63
	277	297			☐	63
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Material	From	To
Very fine sand with silty blue clay	136	143
Dark blue clay	143	148
Fine silty sand	148	150
Semi-cemented coarse sand	150	155
Sandy gray clay	155	157
Sandy blue clay	157	169
Blue clay	169	185
Blue-gray silty soft clay	185	205
Hard gray clay (hole caved over night)	205	224
Semi-fine sandy blue-gray clay	224	250
Gray clay semi-firm	250	253
Gray medium to coarse sand	253	262
Soft brown silty clay	262	277
Semi-packed fine sand with some loose seams	277	290
Semi-tight sand fine	290	297
Gray silty clay	297	299
Gray clay	299	310

Comments/Remarks

Dates were not entered into Water Bearing Zones due to several days to complete this well. Water level came up after exposing screens and developing well.

WATER RESOURCES DEPT
SALEM, OREGON