

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 100771

START CARD # 201157

(1) LAND OWNER Owner Well I.D. 1

First Name _____ Last Name _____
 Company Montecucco Farms LLC
 Address 4015 N. Locust
 City Canby State OR Zip 97013

(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 Agriculture

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)

Depth of Completed Well 200 ft.

BORE HOLE			SEAL				Amt	sacks/ lbs
Dia	From	To	Material	From	To			
20	0	89	Bentonite	0	50	186	S	
16	89	220	Cement	50	87	35	S	

How was seal placed: Method A B C D E

Other pour & probe bent.

Backfill placed from 87 ft. to 89 ft. Material 20x16 annulus: sand

Filter pack from 68 ft. to 220 ft. Material gravel Size 3/8

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		2	89.4	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		3	171	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		181	200	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type V wire wrap Material 304SS

Perf/S	Casing/	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen							width	length	slots	pipe size
				10	171	181	.04			PS

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60	111		4

Temperature 56 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description

RECEIVED
 JUL 19 2011

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 3 S N/S Range 1 E E/W WM

Sec 21 SE 1/4 of the NW 1/4 Tax Lot 701

Tax Map Number 3 1E 21 Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

4015 N. Locust, Canby, OR 97013

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07-06-2011		54

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 18 ±

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>N/A</u>	18	36	<u>NM</u>		<u>NM</u>
<u>N/A</u>	38	42	<u>NM</u>		<u>NM</u>
07-06-2011	172	180	60		54

(11) WELL LOG

Ground Elevation _____

Material	From	To
Clay, brown	0	8
Sand, brown, medium	8	10
Sand, multi-colored & some clay, brown, soft	10	18
Sand, brown, coarse, some cem., occ. gravel, 1/2"	18	21
Gravel, 2" - & sand, multi-clrd., med-crse & cobbles	21	36
Clay, grey, medium	36	38
Gravel, 2" - & sand, multi-colored, medium-coarse	38	42
Clay, blue-grey, medium	42	48
Gravel, 2" - & clay, grey, med & sand, multi-clr, med	48	52
Clay, dark grey to blue, medium w/wood	52	89
Clay, blue-green then grey @99, soft, silty	89	152
Clay, brown-grey, soft	152	156
Clay, dk grey, med-soft w/claystone, dk grey, med	156	164
Clay, blue-grey then brown @171, med-soft, silty	164	172
Gravel, 1/2" - & sand, grey-black, coarse, some wood	172	180
Clay, blue-green, soft, silty	180	191
Clay, grey, soft	191	209
Clay, grey, soft w/some claystone grey, med-hard	209	220

Date Started 06-09-2011 Completed 07-08-2011

(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 1860 Date 07-14-2011

Password: (if filing electronically)

Signed Scott M. Hill

(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 649 Date 07-14-2011

Password: (if filing electronically)

Signed Stephen Schneider

Contact Info (optional)