

CLAC 68175

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100768

START CARD # 201161

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

First Name _____ Last Name _____
 Company Mayfield Farm, LLC
 Address 9955 SW Potano
 City Tualatin State OR Zip 97062

(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 116 ft.

BORE HOLE			SEAL		sacks/		
Dia	From	To	Material	From	To	Amt	lbs
16	0	51	Cement	0	51	22	S
12	51	116					

How was seal placed: Method A B C D E

Other _____

Backfill placed from 51 ft. to 52 ft. Material chip bent. & sand

Filter pack from 38 ft. to 116 ft. Material CSSI Size 20/40

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"/>	12		1	52	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8		2	71	.25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8		105	116	.25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 52

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type v-wire wrap Material 304SS

Perf/S	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
green	Liner					width	length	slots	pipe size
			8	71	105	.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)
95	12		3

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description

RECEIVED

SEP 07 2011

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 3 S N/S Range 1 W E/W WM
 Sec 28 SW 1/4 of the SE 1/4 Tax Lot 1400
 Tax Map Number 31W28D Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

25000 Butteville Rd NE, Aurora, OR 97002

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	08-19-2011			3

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
08-19-2011	69	104	300			3

(11) WELL LOG

Material	From	To
Top soil	0	3
Clay, brown, medium	3	8
Clay, blue-grey, medium-soft	8	22
Clay, blue-grey, soft, silty	22	43
Gravel, 1/2" - & sand, blk, fine & clay, grey-grn, soft	43	46
Clay, green-grey-brown, med. w/some cementation	46	60
Clay, green w/brn, med w/cem. & occ. gravel, 3/8"-	60	69
Gravel, 3" - & sand, greenish black, fine-medium	69	82
Gravel, 3" - & sand, greenish black, medium	82	91
Gravel, 3" - & sand, black, medium	91	104
Clay, green-grey w/brown, some cem. & grvl, 1/4"-	104	108
Clay, brown, med, some cem. & grvl, 1/8"-	108	116
Two pack sizes used:		
10x20	38	80+
8x12	80+	116

Date Started 07-11-2011 Completed 08-19-2011

(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 09-07-2011

Password : (if filing electronically) _____
 Signed Sutton J

(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 09-07-2011

Password : (if filing electronically) _____
 Signed Stephen J Schmidt
 Contact Info (optional) _____