

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

WELL LABEL # L 105629
 START CARD # 201758

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

First Name _____ Last Name _____
 Company Casale AG
 Address 1 Windcastle Drive
 City St. Charles State MO Zip 63304

(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 206.5 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	1	Cement	0	1	3	S
20	1	38	Bentonite Chips	1	38	42	S
16	38	206.5					

How was seal placed: Method A B C D E
 Other OAR 690-210-0340
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 128 ft. to 206.5 ft. Material pea gravel Size 5/8
 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		1.91	128.25	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		2.91	130.59	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		165.25	206.5	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 128.25
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type v-wire Material stainless

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
Screen		12	130.59	165.25	.085			12

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
900	52.7		2
900	54.7		4
900	54.8		6

Temperature 53 °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 3 S N/S Range 1 W E/W WM
 Sec 27 NE 1/4 of the SW 1/4 Tax Lot 1300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 • Street address of well _____ Nearest address _____
13000 NE Denbrook Rd. Aurora, OR 97002

(10) STATIC WATER LEVEL

Existing Well / Prodeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>08-17-2011</u>		<u>65.9</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 80

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>06-21-2011</u>	<u>80</u>	<u>115</u>	<u>150</u>		<u>61</u>
<u>06-28-2011</u>	<u>117</u>	<u>166</u>	<u>1,000</u>		<u>61</u>

(11) WELL LOG

Material	From	To
Topsoil	0	2
Clay brown, soft	2	12
Clay brown silty, fine sand	12	23
Sand brown & silt	23	26
Silt & seams of fine brown sand	26	71
Sand brown med-fine, silt cemented	71	80
Sand brown med.	80	96
Sand brown w/gravel to 3", 80-90% sand	96	104
Sand brown w/gravel to 3", 70% sand	104	110
Cemented sand w/ gravel to 6"	110	111
Sand & gravel to 2"	111	115
Silt brown, hard	115	117
Sand brown	117	131
Lens layer of cemented sand, sand gray-black	131	134
Sand black, loose	134	146
Sand black, gravel to 2", 70-80% sand	146	153
Sand black & gravel loose, 60-70% sand	153	166
Clay gray & brown, sticky	166	207

Date Started 06-07-2011 Completed 09-14-2011

(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 1704 Date _____
 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 783 Date 10/12/11
 Password: (if filing electronically) _____
 Signed Iron Green
 Contact Info (optional) Grossen Well Drilling (503)982-2060

WATER RESOURCES DEPT
 SALEM, OREGON



