

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

WELL LABEL # L 111835
 START CARD # 209801

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company LITTLE PRINCE OF OREGON NURSERY
 Address 15868 NE EILERS RD.
 City AURORA State OR Zip 97002

(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 185 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12.25	0	185	Cement / Gel	0	145	61	S

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 145 ft. to 185 ft. Material SND/GRAM Size # 8/16x1/4
 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"/>	8		2	170	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		160	170	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		180	185	250	<input type="checkbox"/>	<input 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 WOUNDWIRE Material STAINLESS

Perf/Screen	Casing	Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
			8	170	180	.030			TELE

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

Pump Bailer Air Flowing Artesian

	Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
BAILER	42	71		1
AIR	60		150	1

Temperature 56 °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 E E/W WM
 Sec 19 SW 1/4 of the NW 1/4 Tax Lot 307
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
15868 NE EILERS RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Predeepening				
Completed Well	<u>06-20-2013</u>			<u>44</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 171

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>06-20-2013</u>	<u>171</u>	<u>180</u>	<u>60</u>			<u>44</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOPSOIL	0	1
BROWN SILTY CLAY	1	27
FINE BROWN SAND	27	36
FINE GRAY MUDDY SAND WITH WOOD	36	
INCREASING COARSE TO SMALL GRAVEL		42
STICKY GRAY CLAY	42	58
BLACK SANDSTONE	58	62
MUDDY BLACK SAND	62	65
SOFT GRAY SANDY CLAY	65	69
STICKY BROWN CLAY	69	107
STICKY BLUE GRAY CLAY	107	138
SOFT BLACK SANDSTONE	138	149
FIRM DARK GRAY CLAYSTONE	149	171
FINE TO COARSE BLACK SAND	171	180
STICKY GRAY CLAY	180	185

Date Started 06-13-2013 Completed 06-20-2013

(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 well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number _____ Date MAR 18 2014
 Password: (if filing electronically) _____
 Signed _____ WATER RESOURCES DEPT

(bonded) Water Well Constructor Certification SALEM, OREGON
 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 1266 Date 06-21-2013
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____