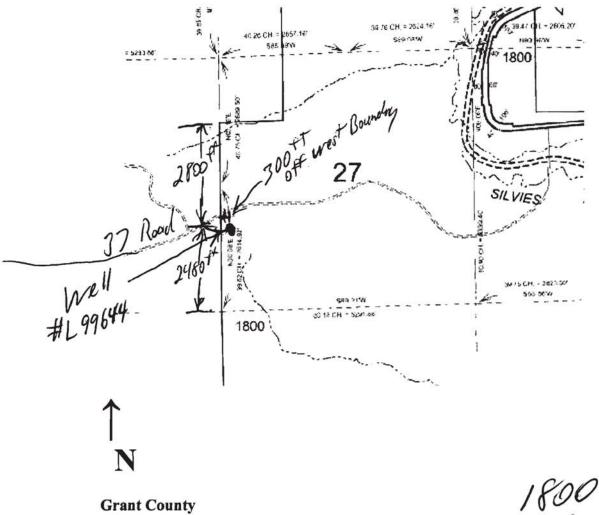
	GRAN S	51009	Page 1 of 1	
STATE OF OREGON WATER SUPPLY WELL REPORT	09-23-20	009 WELL LABEL # L 99644		
(as required by ORS 537.765 & OAR 690-205-0210)		START CARD # 1007994		
(1) LAND OWNER Owner Well I.D. golf course	se	(0) LOCATION OF WELL (legal description)		
First Name Scott Last Name Campbell		(9) LOCATION OF WELL (legal description) County Grant Twp 17.00 S N/S Range 31		
Company silvies valley ranch		Sec 27 SW 1/4 of the SW 1/4 Tax Lo	ot 500	
Address 7610 SE 162nd		Tax Map Number Lot		
City Portland State OR Zip 972	236	Lat <u>on</u> '" or	DMS or DD	
(2) TYPE OF WORK New Well Deepening Conversion		C Street address of well Nearest address	DMS or DD	
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable M Reverse Rotary Other	Mud	37 Road Hwy 395 (10) STATIC WATER LEVEL Date SWL(psi)	± (11/1 (A)	
	-	Existing Well / Predeepening SWL(psi)	+ SWL(ft)	
(4) PROPOSED USE Domestic Irrigation Community Industrial/Commericial Livestock Dewatering		Completed Well 09-07-2009 23		
Thermal Injection Other		Flowing Artesian? Dry Hole?		
(5) BORE HOLE CONSTRUCTION Special Standard	Attach copy	WATER BEARING ZONES Depth water was first fo SWL Date From To Est Flow SWL (n		
Depth of Completed Well <u>346.00</u> ft.		SWL Date From To Est Flow SWL(p 09-07-2009 23 346 500	$\frac{+}{1}$ SWL(ft) 23	
BORE HOLE SEAL	sacks/			
Dia From To Material From To 16 0 18 Bentonite 0 18				
13 18 65				
12 65 146		(11) WELL LOG Ground Elevation		
How was seal placed: Method A B C D		Material From	То	
Other poured dry and tam		topsoil loam 0		
Backfill placed from ft. to ft. Material		conglomerate 1 claystone hard 20	20	
Filter pack from ft. to ft. Material S Explosives used: Yes Type Amount	Size	broken rock caving 45		
		basalt black broken 60	346	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl P	lstc Wld Thrd			
	HHK			
Shoe Inside Outside Other Location of shoe(s)				
Temp casing Yes Dia From To				
(7) PERFORATIONS/SCREENS				
Perforations Method saw cut Screens Type Material				
	# of Tele/			
	slots pipe size	Date Started 09-03-2009 Completed 09-07-2	.009	
Perf Casing 12 45 65 125 3	960	(unbonded) Water Well Constructor Certification		
		I certify that the work I performed on the construction, dee abandonment of this well is in compliance with Oregon	n water supply well	
		construction standards. Materials used and information report the best of my knowledge and belief.	rted above are true to	
(8) WELL TESTS: Minimum testing time is 1 hour		License Number Date		
O Pump O Bailer O Air O Flowing Artesian		Electronically Filed		
Yield gal/min Drawdown Drill stem/Pump depth Duration		Signed		
500 340		(bonded) Water Well Constructor Certification		
		I accept responsibility for the construction, deepening, alteration, or abandonmen work performed on this well during the construction dates reported above. All work		
Temperature 46 °F Lab analysis Yes By	performed during this time is in compliance with Oregon	n water supply wel		
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my kn			
From To Description Amo	unt Units	License Number 1424 Date 09-23-2009 Electronically Filed		
		Signed TIMOTHY K RILEY (E-filed)		
		Contact Info (optional)		

GRAN 51009

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

GRAN 51009

EXEMPT USE WELL LOCATION MAP



Assessor Map Reference Number: 17S 31E 27 SWSW Tax Lot 500 Street Address of Well, if Available: 37 Road Hwy 395, Seneca, OR

Well Label (ID) # L 99644

(Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.)

MAP NOT TO SCALE

RECEIVED

OCT 2 1 2009

WATER RESOURCES DEPT SALEM, OREGON LAND OWNER SUBMITTED MAP