

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

10-28-2011

WELL LABEL # L 107703

START CARD # 1015121

(1) LAND OWNER Owner Well I.D. 3351

First Name RYAN Last Name GLASER
Company MID VALLEY FARMS
Address 31915 SEVEN MILE LANE
City TANGENT State OR Zip 97389

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 12, 0, 25, Bentonite Chips, 0, 25, 25, S. Row 2: 8, 25, 159.

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other POURED DRY/PROBED
Backfill placed from ___ ft. to ___ ft. Material ___
Filter pack from ___ ft. to ___ ft. Material ___ Size ___
Explosives used: [] Yes Type ___ Amount ___

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes shoe location info: Shoe [] Inside [X] Outside [] Other Location of shoe(s) 159

(7) PERFORATIONS/SCREENS
Perforations Method HOLTE AIR PERFORATOR
Screens Type ___ Material ___

Table with columns: Perf, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Perf, Casing, 8, 104, 135, .333, 1, 840.

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
400 155 2

Temperature 56 °F Lab analysis [] Yes By ___
Water quality concerns? [] Yes (describe below)
Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Linn Twp 12.00 S N/S Range 3.00 W E/W WM
Sec 20 NW 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number ___ Lot ___
Lat ___ ' ___ " or ___ DMS or DD
Long ___ ' ___ " or ___ DMS or DD
[] Street address of well [X] Nearest address

EAST OF WIRTH DR CO.RD 789 TANGENT LOOP RD.

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Existing Well / Predeepening, Completed Well 10-18-2011, 11.5.

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 10-18-2011, 43, 134, 400, 11.5.

(11) WELL LOG

Table with columns: Material, From, To. TOP SOIL, CLAY-BROWN, SAND & GRAVEL W/BROWN CLAY, SAND & GRAVEL W/DARK BROWN CLAY, SAND & GRAVEL-GRAY, BLACK SAND & GRAVEL, BLACK SAND, SAND & GRAVEL-GRAY, SAND & GRAVEL-BLACK, CLAY-DARK GRAY, 2 FT PLUG REMAINS IN CASING.

Date Started 10-12-2011 Completed 10-18-2011

(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 ___ Date ___
Electronically Filed
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 1581 Date 10-28-2011
Electronically Filed
Signed LARRY A GRAY (E-filed)
Contact Info (optional) www.graywelldrilling.com