

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

MAR 09 2015

WELL I.D. # L 112553

SALEM, OR

START CARD # 210040

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number West
Name Mid Valley Farms
Address 31915 Seven Mile Lane
City Tangent State OR Zip 97389

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 180.5 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
16"	0	20	bentonite	0	20	18 sacks
12"	20	201	silica sand	180	201	23 sacks

How was seal placed: Method A B C D E
 Other as per OAR 690-210-340

Backfill placed from 180 ft. to 201 ft. Material silica sand
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Method			
					Steel	Plastic	Welded	Threaded
Casing: 12"	+2	82'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner: 10"	109	129	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	10"	144	164	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	10"	175	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Drive Shoe used Inside Outside None
Final location of shoe(s) 201

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type V wire Material SS

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
80	100	.035		12	tele	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100	110	.035		12	tele	<input checked="" type="checkbox"/>	<input type="checkbox"/>
130	135	.016		12	tele	<input checked="" type="checkbox"/>	<input type="checkbox"/>
140	145	.012		12	tele	<input checked="" type="checkbox"/>	<input type="checkbox"/>
165	175	.016		12	tele	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
350	99.5		

Temperature of water 50 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Linn
Tax Lot NONE Lot _____
Township 12 S Range 3 W WM
Section 21 NE 1/4 NE 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 31915 Seven Mile Lane
Tangent, OR 97389

(10) STATIC WATER LEVEL
10 ft. below land surface. Date 12-1-13
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 85

From	To	Estimated Flow Rate	SWL
85	106	200	10
130	134	50	10
138	134	50	10
169	172	50	10

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
topsoil	0	1	
clay, brown	1	15	10
clay, w/gravels	15	23	10
gravels, sandy	23	63	10
clay, tan	63	70	10
clay, blue/gray w/gravels	70	75	10
clay, gray w/sand	75	80	10
sand, w/small gravels	80	95	10
sand/gravels	95	105	10
gravels, w/fine sand	105	106	10
clay, blue/gray w/gravels	106	130	10
sand, greenish gray	130	134	10
sand, w/small gravels	134	135	10
clay, brown, gray	135	138	10
sand, dark blue gray	138	142	10
sand, coarse, blackish blue gray	142	144	10

Date Started 9-13-13 Completed 12-18-13

(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.

WWC Number _____ Date _____

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.

WWC Number 97 Date _____

Signed Mark W. Christensen

