

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

WELL I.D. LABEL# L 118828
 START CARD # 1026838
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. 5525
 First Name Telly Last Name Wirth
 Company Wirth Farms, Inc.
 Address 31595 Driver Rd.
 City Tangent State OR Zip 97389

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:
 Material From To Amt sacks/lbs
 Seal:

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

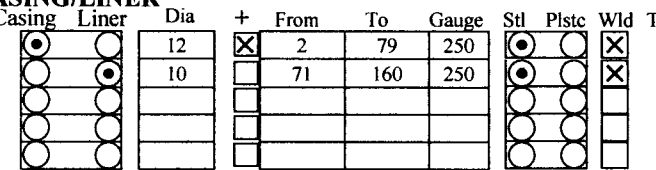
(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 302 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	19	Bentonite	0	19	25	S
12	19	160				Calculated	18
8	160	320				Calculated	

How was seal placed: Method A B C D E
 Other Poured dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From 0 To 19

(7) PERFORATIONS/SCREENS
 Perforations Method Torch cut
 Screens Type _____ Material _____

Perf/Screen	Casing/Screen Liner	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	10	77	160	.375	12	747	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,000		300	1

Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 135

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County LINN Twp 12 S N/S Range 3 W E/W WM
 Sec 9 NE 1/4 of the SE 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

1200' West on Tangent Dr from Seven Mile Ln.

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Completed Well	Date	SWL(psi)	+ SWL(ft)
	06-27-2015		12

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 73

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-23-2015	73	127	300		12
06-23-2015	137	150	100		12
06-24-2015	160	275	250		12
06-24-2015	282	300	300		12

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	12
Cemented sand & gravel & clay	12	34
Brown clay	34	60
Blue clay	60	71
Blue sand	71	73
Blue sand & gravel	73	127
Gray clay	127	137
Sand & gravel	137	150
Gray clay sandy	150	168
Blue sand cemented	168	180
Brown clay	180	190
Gray clay sandy	190	203
Blue clay sandy	203	230
Brown clay sandy	230	240
Sand w/wood cemented	240	270
Sand & gravel cemented	270	275
Blue clay	275	282
Sand & gravel cemented	282	300

Date Started 06-23-2015 Completed 06-27-2015

(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 1888 Date 07-02-2015
 Signed *Ken Bellott*

(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 168 Date 07-02-2015
 Signed *[Signature]*
 Contact Info (Optional) jonesdphing@hotmail.com

RECEIVED BY OWRD

JUL 17 2015

