

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

WELL I.D. # L 52016
START CARD # 152190

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

(1) LAND OWNER
Name Gressley Farms Well Number _____
Address 552 Hwy 20-26
City Ontario State OR Zip 97914

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 95 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks of pounds
10	0	65	Bentonite	0	18	950
12	65	95	Gravel	18	69	6 yds

How was seal placed: Method A B C D E
 Other Bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 18 ft. to 65 ft. Size of gravel 3/8 minus

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	1	69	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 69

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	69	1/4x5	200	12	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
<u>AIR 200</u>		<u>95</u>	<input checked="" type="checkbox"/>	<u>5</u> 1 hr.
<u>pump 225</u>	<u>84</u>		<input type="checkbox"/>	<u>4</u>

Temperature of water 60 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 by legal description:
County Malh Latitude _____ Longitude _____
Township 18 N or S Range 46 W. WM.
Section 7 SE 1/4 SE 1/4
Tax Lot 900-d Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Foot hill Dr

(10) STATIC WATER LEVEL:
41 ft. below land surface. Date 4-5-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	68	200	40

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	50	
Sand, + dirty Sparse Gravel	50	60	
Sand + Gravel	60	68	40
Blue Clay	68	95	

RECEIVED
MAY 08 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-3-03 Completed 4-7-03

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed [Signature] WWC Number 682 Date 5-6-03