

Malh 53544

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 97669 53544

START CARD # 1006488

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

(1) LAND OWNER Owner Well I.D. First Name Last Name Company Address City State Zip

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy) Depth of Completed Well 170 ft.

Table with columns: BORE HOLE (Dia, From, To, Material, Amount) and SEAL (From, To, Amount)

How was seal placed: Method A B C D E Other Dry POW Backfill placed from 50 ft. to 170 ft. Material gravel Size 38 Explosives used: No

(6) CASING/LINER Table with columns: Casing/Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd

Shoe Inside Outside Other Location of shoe(s) Temporary casing Yes Diameter From To

(7) PERFORATIONS/SCREENS Perforations Method Down Hole Screens Type Material

Table with columns: Perf, Scrm, Casing, Liner, Screen Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size

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

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description) County Twp N or S Range E or W W.M. Sec SW 1/4 of the SE 1/4 Tax Lot Tax Map Number Lot Lat Long Street Address of Well

(10) STATIC WATER LEVEL Table with columns: Date, SWL (psi), SWL (ft)

WATER BEARING ZONES Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft)

(11) WELL LOG Ground Elevation Table with columns: Material, From, To

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MAY 08 2009

WATER RESOURCES DEPT SALEM, OREGON

Date Started 4-1-09 Completed 4-25-09

(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.

(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.

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JUL 15 2009

# MALH 53544

## STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 97669

START CARD # 1006488

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

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company ROMANS RANCHES  
 Address 2200 6TH AVE WEST  
 City VALLE State OR Zip 97918

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

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

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

**(5) BORE HOLE CONSTRUCTION** Special Standard:  Yes (attach copy)  
 Depth of Completed Well 170 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (cks/lbs)
20	0	170	BENWHITE	0	50	70

How was seal placed: Method  A  B  C  D  E  
 Other Dry POW  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from 50 ft. to 170 ft. Material gravel Size 38  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
/		12	+	2	170	14	/		/	

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method Down Hole  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
/		/		12	80	160	1/8 x 3/8		1440	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
700		160	6 hr

Temperature 57 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County MULTNOMAH Twp 17 N or S Range 44 W or W W.M.  
 Sec 22 SW 1/4 of the SE 1/4 Tax Lot 9700  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat 44° 04' 15.15" or \_\_\_\_\_ DMS or DD  
 Long 117° 18' 52.37" or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) 6TH AVE WEST

**(10) STATIC WATER LEVEL**

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>4-25-09</u>			<u>35</u>

Flowing Artesian?  Yes Dry Hole?  Yes

**WATER BEARING ZONES** Depth water was first found 65

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-25-09</u>	<u>65</u>	<u>160</u>	<u>800</u>			<u>35</u>

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
<u>Clay Brown</u>	<u>0</u>	<u>65</u>
<u>Clay Brown w/ SAND</u>	<u>65</u>	<u>140</u>
<u>Dark Black</u>	<u>140</u>	<u>160</u>

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**MAY 08 2009**  
**WATER RESOURCES DEPT**  
**SALEM, OREGON**

Date Started 4-1-09 Completed 4-25-09

**(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 5-4-09  
 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 1867 Date 5-4-09  
 Signed Alan Metzger  
 Contact Info. (optional) \_\_\_\_\_