STATE OF OREGON

WATER WELL REPORT (as required by ORS 537.765)

BECEIVED MARILIAND

35/1W-34bb Reind.

(1) OWNER:			"Deti 13 1887	(9) LOCATION	OF WELL by	legal description:	
Name K1ur	enger's Nurs	sery & Green	houses, Inc. RRESOURCES	County Marior	Latitude	1W E or V	. "
		State OR S	A1.561.970020	Township 34	N or S, Range NW	of NW	v, WM.
		OW		Section	I at Pl	ook Subdivision	
(2) TYPE OF WORK: New Well Deepen Recondition Abandon				Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)			
(3) DRILL M		econdition 🚨	Abandon				
		🛣 Cable		(10) STATIC V	VATER LEVE	L:	
Rotary Air Rotary Mud Cable Other				58.5 ft. below land surface. Date 6/12/87			
(4) PROPOSED USE:				Artesian pressure lb. per square inch. Date			
· ,	Community I	ndustrial 🛛 Irrig	ation	(11) WATER E	BEARING ZON	IES:	
		ther		Depth at which water wa		58.5	
(5) BORE HOLE CONSTRUCTION: Construction approval Yes No Denth of Completed Well 134 ft.				From	To	Estimated Flow Rate	SWL
al Construction	approval Yes No	Depth of Comp	eted Wellft.	From	10	Estinated Flow Itale	
Explosives used	Type	Amount					
HOLE		SEAL	Amount				
Diameter From	To Material Not Chang	From To	sacks or pounds				
(12) WELL LOG: Ground elevation Approx.							
					Material	From To	SWL
How was seal placed: Method A B B C D E				No new drill		one	
Other				consisted of			 _
Backfill placed fromft. toft. Material					domestic sub ted as indic		
Gravel placed fromft. toft. Size of gravel (6) CASING/LINER: Not Changed				3) ran pum		aced III (//	
			Welded Threaded		estic sub		
Casing: 12	Trom 10 Ga	X □		1, 300 33	<u> </u>		
				Well was orig			
				Harold Murre	<u>y in 1966 by</u>	J.T. Miller	
Liner:							
Final location of sho	-(a)				<u></u>		
	RATIONS/SCR	DEENG.					
		Mills knife					
Perforation Screens	ns Metnod Type	MILLS KILLE					
□ Screens	Slot	Tele/pipe					
Tom To 132	size Number I		Casing Liner				
14 132	x 2.5						
				Date started 6/	10/87	$C_{\text{ompleted}} = 6/15/87$	
			_ 🛮 🗘	(unbonded) Water	Wall Constructor	Certification:	
(8) WELL T	ESTS: Minimu	m testing time i	s 1 hour	I certify that t	he work I performe	d on the construction, al	teration, o
X Pump	☐ Bailer	☐ Air	Flowing Artesian	abandonment of th	is well is in compli	ance with Oregon well on reported above are true	onstruction
Yield gal/min	Drawdown	Drill stem at	Time	knowledge and belief		on reported above are tra-	, 00 1113 200
570	47		1 hr.			WWC Number	
370	-T1	<u>.</u>		Signed	· · · · · · · · · · · · · · · · · · ·	Date	
				(bonded) Water W			•
Temperature of wat	er 53°F	Depth Artesian Fl	ow Found	I accept respon	sibility for the cons	struction, alteration, or al construction dates reporte	andonmen ed above. a
Was a water analysi	s done? Yes	By whom	work performed d	uring this time is	in compliance with (Oregon we	
	ain water not suitable fo			construction standa	rds. This report is t	rue to the best of my kno	
•	*			W.	X 11.11.	WWC Number Date 6/15	
Depth of strata:				Signed Signed	77	Date 0/13	
			*****	COMPTERMENT TRACE	TOTALLY A	COLOR CHICGRANGED	በሀለበሮ 10/6