

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

Mari
 18337

65/3W/100
 26342
 (START CARD) #

(1) OWNER: Well Number: _____
 Name BELL FARMS INC.
 Address 3213 WACONDA RD NE
 City GERVAIS State OR Zip 97026

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 158 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
8"	137'	158'				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welder	Threaded
Casing:	8"	132'	158'	.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"/>

Final location of sheet(s) 158'

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

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Liner
141.5'	152'	1/2" x 1/8"	154			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
 Yield gal/min 575 GPM Drawdown 29' 2" Drill stem at _____ Time 4 HRS.

Temperature of water 54° 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 MARION Latitude _____ Longitude _____
 Township 6S N or S, Range 3W E or W, WM.
 Section 1 SE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3212 WACONDA RD.

(10) STATIC WATER LEVEL:
51 ft. below land surface. Date 1-11-93
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
141.5'	152'	100+ GPM	51'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SMALL-LARGE GRAVEL + FINE-MEDIUM BROWNS AND W/ SOME BROWN CLAY	137'	140'	
LOOSE GRAVEL, SMALL-LARGE W/ BROWN FINE-COARSE SAND	140'	152.5'	51'
BLUE CLAY	152.5'	158'	

RECEIVED
 APR 28 1993
 WATER RESOURCES DEPT. SALEM, OR
 RECEIVED
 MAR 10 1993
 WATER RESOURCES DEPT. SALEM, OREGON

Date started DEC. 22, '92 Completed JAN. 12, 1993

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Michael Waldrop WWC Number 633 Date JAN. 19, 1993