

RECEIVED

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

MARI
50462 MAY - 1 1996

(START CARD) # 76649

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER:

Well Number _____

Name Bizon Nursery
Address 31480 SW Country View Ln
City Wilsonville State Or Zip 97070

(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 315 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	1	28	Bentonite	1	28	28 sacks
12	28	317				

How was seal placed: Method A B C D E

Other Granular Bentonite method

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	Welded	Threaded
Casing:	12	0	314	.25	<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 shoe(s) 314

(7) PERFORATIONS/SCREENS: Drive Down

Perforations		Screens		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size
283	312	.188	1900		

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
300		air line @ 144	1 hr
			4 hr

Temperature of water 52 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 45 N or S Range 2W E or W. WM.
Section 34 Ne 1/4 Ne 1/4
Tax Lot 0200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
7244 Kinns Rd Ne

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date Mar 27
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	317		20

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	1	3	
Clay, Brown	3	48	
Clay, Grey	48	89	
Sand, grey	89	102	
Brown cemented gravel	102	105	
Sand & Gravel, brown	105	121	
Clay, grey	121	170	
Sand, black	170	179	
Clay, blue	179	189	
Sand, black	189	205	
Clay, blue	205	234	
Sand, black, clayey	234	239	
Clay, grey	239	261	
Clay, grey w/ cemented gravel	261	265	
Sand, black, w/ few rocks	265	276	
Sand & Gravel, cemented	276	312	
Clay, grey	312	317	

Date started Feb 9 Completed Mar 27, 1996

(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 Richard Burt WWC Number 243 Date April 1996