

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

APR 25 1997

WELL I.D.# _____ IO2416

WATER RESOURCES DEPT.

(START CARD) # 78623

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

(1) OWNER: Well Number _____
Name Ernst Nursery & Farms
Address 20863 Riverside Dr. NE
City St. Paul State OR Zip 97137

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

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
20"	0	40'	holeplug	0	40	40 sacks	
			bentonite				
16"	40	347					

How was seal placed: Method A B C D E
 Other OAR 690-210-340
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:	16"	+2'	298'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 298'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
+3	299'			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
299	319	.070		12"	screen	<input type="checkbox"/>	<input type="checkbox"/>
319	339	.080		12"	screen	<input type="checkbox"/>	<input type="checkbox"/>
339	347'			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
347	Bottom				plate & lift bail	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
800	138		6x hr. S

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 4 S N or S Range 2W E or W. WM. _____
Section 4 SW 1/4 NE 1/4 _____
Tax Lot 0110 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6177 Gearin Rd.
St. Paul, OR 97137

(10) STATIC WATER LEVEL:
62' ft. below land surface. Date 4/17/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	32	20 gpm	8'
297'	341'	800 gpm	62'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	36	
Clay gray brown	36	46	
Clay silty gray	46	75	
Sand-silt	75	87	
Clay gray	87	115	
Sand & clay gray	115	126	
Clay gray	126	144	
Clay with sand & gravel	144	175	
Clay gray	175	212	
Clay w/sand	212	224	
Clay gray, part sticky	224	276	
Clay w/sand, gravel gray	276	281	
Clay sandy, brown-gray	281	292	
Clay silty brown	292	297	
Sand brown	297	304	62'
Sand black	304	315	62'
Gravel & sand, black	315	341	62'
Clay gray	341	347	

Date started 12/24/96 Completed 4/17/97

(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 Kermit Martin WWC Number 1391 Date 4/23/97

(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 Ivan Gossen WWC Number 783 Date 4/21/97