

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

JUN 17 1999

MARIWELL I.D.# L 30602
 54047

WATER RESOURCES DEPT.

(START CARD) # 101535

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number _____
 Name K.W Crosby Hops
 Address 7798 Crosby Rd. NE
 City Woodburn State OR Zip 97071

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	222	Bentonite	0	18	43sacks
			cement	18	150	152 sacks

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	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	2"	+1	147	Gravel	feed tube		

installed on outside of casing/screen

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
+2	150			8"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
150	170	.080		8"	p.s.	<input type="checkbox"/>	<input type="checkbox"/>
170	200			8"	pipe	<input type="checkbox"/>	<input type="checkbox"/>
200	215	.080		8"	p.s.	<input type="checkbox"/>	<input type="checkbox"/>
215	222			8"	pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
700		200	1 hr.
700		200	4hrs.

Temperature of water 53 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 4S N or S Range 2W E or W. WM.
 Section 35 SW 1/4 SW 1/4
 Tax Lot 00600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 7798 Crosby Rd. NE
Woodburn, OR 97071

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 5/27/99
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 76'

From	To	Estimated Flow Rate	SWL
76	109'	200 gpm	16
109	126	40 gpm	16
150	174	500 gpm	26
199	218	400 gpm	26

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	26	
Clay sandy green	26	34	
Clay gray soft	34	69	
Clay dark gray, sticky	69	76	
Sand, black	76	109	16
Gravel cemented	109	126	16
Clay gray	126	129	
Clay & gravel layers	129	141	
Clay dark gray	141	150	
Sand black	150	174	26
Clay green silty	174	184	
Sand black	184	185	
Clay green	185	188	
Sand & clay	188	192	
Clay sandy gray	192	199	
Sand black	199	218	26
Sand & gravel black	218	220	
Clay grey & green sticky	220	223	

Date started 4/12/99 Completed 5/28/99

(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 [Signature] WWC Number 1704
 Date 6/8/99

(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 [Signature] WWC Number 783
 Date 6/7/99