

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

WELL I.D. # L 41193
 START CARD # 128539

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

(1) OWNER: Well Number _____
 Name BUTSCH BROTHERS LLC
 Address 15486 UNION SCHOOL 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 179 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	50	CEMENT	12	50	35 SACKS
16	50	180	BENT.	0	12	47 SACKS

How was seal placed: Method A B C D E
 Other BENT. POURED DRY
 Backfill placed from 180 ft. to 179 ft. Material 3/8 PFA
 Gravel placed from 179 ft. to 60 ft. Size of gravel 3/8 & 6/8

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	+1	105	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	+1	108	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	169	179	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 shoe(s) 180

(7) PERFORATIONS/SCREENS:

Perforations Method SCREEN
 Screens Type V-WIRE Material SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
108	142	.070		12"	p/s	<input type="checkbox"/>	<input type="checkbox"/>
142	169	.120		12"	p/s	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED

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

Yield gal/min	Drawdown	Flowing Time
800	63	1 hr.
800	71	5 HR
600	51	7 HR

Temperature of water 54 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom NO
 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 5S N or S Range 1W E or W. WM.
 Section 15 NE 1/4 NW 1/4
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
31 ft. below land surface. Date 4-27-00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 72

From	To	Estimated Flow Rate	SWL
108	169	800	31

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOPSOIL	0	1	
CLAYEY SILT BRN	1	38	
SANDY SILT BRN	38	57	
SANDY SILT GREY	57	69	
SANDY CLAY GREY	69	72	
GRAVEL W/CLAY	72	81	
CLAY GREY	81	88	
GRAVEL W/CLAY	88	92	
CLAY GREY	92	108	
SAND GREY FINE LOOSLY	108		
CEMENTED W/LAYERS OF SILT			
GREY		121	
SAND & GRVLS TO 3" LOOSE	121	124	
SAND GREY COURSE	124	130	
SAND & GRAVEL TO 3" LOOSE	130	132	
GRAVEL W/CLAY CMTD CRSE	132	169	
CLAY GREY SILTY	169	171	
CLAY BRN	171	177	
CLAY BLUE GREY	177	180	

Date started 2-12-00 Completed 6-2-00

(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 _____
 (bond)
 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 Steve N. Stucki WWC Number 688
 Date 6-29-00