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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 46709
START CARD # 144768

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

(1) LAND OWNER Well Number _____
Name Mike Ovchinnikoff
Address 13971 Whisky Hill Road
City Hubbard State OR Zip 97032

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

| HOLE | | | SEAL | | | |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 10" | 0 | 190 | | | | |
| 8" | 190 | 340 | | | | |

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 |
|----------|------|-----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 8" | +1 | 184 | 250X | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6" | 179 | 340 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Liner: _____
Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type Stainless Steel Material _____

| From | To | Slot size | Number | Tele/pipe Diameter | size | Casing | Liner |
|------|-----|-----------|--------|--------------------|------|--------------------------|--------------------------|
| 179 | 205 | .050 | | 6" | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 500 | 265 | 340 | 1 hr. |
| 300 | 75 | 150 | |

Pump Bailer Air Artesian
Flowing _____

Temperature of water 56 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 3S N or S Range 1W E or W. WM.
Section 33 SW 1/4 SE 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 12012 Amdt Road
Aurora Strawberry Farm

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 7-24-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 75

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 75 | 228 | 500 | 75 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------|------|-----|-----|
| Sand & Gravel | 190 | 210 | 75 |
| Sand | 210 | 228 | 75 |
| Blue Clay | 228 | 340 | |

* 8" Casing was set to 340". Then 6" casing with 26 feet of stainless screen welded to the top was lowered to the bottom, leaving the screen sitting from 179 to 205 with a 6" 8" K Packer on top. Then 156 feet of 8" casing was extracted leaving the screen exposed. A plate was welded to the bottom of 6" casing with a 3 1/2" API thread weld to the plate with the pin up.

Date started 7-10-02 Completed 7-21-02

(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 1776
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.
WWC Number 1541