

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 55490
START CARD # 163031

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

(1) LAND OWNER CAM'S WILLAMETTE NURSERY Well Number _____
Name _____
Address 9774 MT. ANGEL-GERVAIS RD. NE
City GERVAIS State ORE. Zip 97026

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0'	90'	CEMENT	90'	40'	25 SACKS
8"	90'	200'	BENTONITE	40'	0'	35 SACKS

How was seal placed: Method A B C D E
 Other BENTONITE DRY PACK
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: 8"	0'	200'	1.5"	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 200'

(7) PERFORATIONS/SCREENS:
 Perforations Method MILLS Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
183'	199'	1/2" x 3/8"	256			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 500 GPM Drawdown _____ Drill stem at 195' Time 1 hr.

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 5S N or S Range 1W E or W. WM.
Section 31 NW 1/4 SW 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 9774 Mt. Angel - Gervais Hwy

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 02-18-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 89'

From	To	Estimated Flow Rate	SWL
89'	112'	50+	20'
168'	200'	500	22'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOPSOIL - BROWN.	0'	3'	
CLAY - BROWN	3'	15'	
CLAY - BLUE	15'	89'	
SANDY GRAVEL - BLACK	89'	112'	20'
CLAY - GRAY/BLUE	112'	117'	
SAND - BLACK	117'	135'	
CLAY - GRAY/BLUE	135'	168'	
GRAVEL, SAND - HARD	168'	200'	22'

RECEIVED

FEB 27 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 01-29-04 Completed 02-18-04

(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 Dallas Deier WWC Number 561 Date 02/26/04

(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 Michael Waldrop WWC Number 633 Date 02-26-04