

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 71402
START CARD # 146762

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

(1) LAND OWNER OLSON FARMS, INC. Well Number _____
Name _____
Address 6925 JOSEPH ST. SE.
City SALEM State OREGON Zip 97301

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	50'	BENTONITE	0'	50'	38 SACKS
6"	50'	210'				

How was seal placed: Method A B C D E
 Other BENTONITE POURED DRY
Backfill placed from 50 ft. to 210 ft. Material ROCK CHIPS
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	1'	79'	.250"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	1.5'	210'	1600#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 79 ft.

(7) PERFORATIONS/SCREENS:

Perforations Method 1 1/2" SKILL SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150'	205'	3/16" x 1/16"	120			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100+		195'	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 8S N or S Range 2W E or W. WM.
Section 10 NW 1/4 SE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) SW Corner of Inter-section Hwy 22 + Joseph St; in Cherry Orchard

(10) STATIC WATER LEVEL:
33 ft. below land surface. Date 05-05-04
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
72'	101'	35 GPM	33'
123'	199'	65+ GPM	33'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
CLAY, RED	0'	41'	
CLAY, DARK BROWN	41'	43'	
CLAY, RED	43'	51'	
CLAY, DARK BROWN	51'	72'	
BASALT, VERY WEATHERED	72'	101'	33'
BASALT, IS BROWN W/ WEATHERED STREAKS	101'	123'	
BASALT, BROWN - BROKEN	123'	199'	33'
CLAY, BLUE SLICKY	199'	210'	

RECEIVED
MAY 07 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 04-30-04 Completed 05-05-04

(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 L. Davis WWC Number 561 Date 05/06/05

(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 05-06-05