

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

WELL I.D. # L 79521

START CARD # 182319

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

(1) LAND OWNER Well Number _____
 Name Gervais School District #1
 Address P.O. Box 100
 City Gervais State Oregon Zip 97026

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 136 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12"	0	6'	Bentonite	0	1'	2 sacks
10"	6'	61'	Cement	1'	61'	40 sacks
6"	61'	136'				

How was seal placed: Method A B C D E

Other Bentonite placed dry

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6"	+1' 6"	133'	.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"/>

Drive Shoe used Inside Outside None

Final location of shoe(s) 133'

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
None						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
50+		130'	1hr

Temperature of water 54 +/- 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 (legal description)
 County Marion
 Tax Lot 900 Lot _____
 Township 6 S N or S Range 2 W E or W WM
 Section 3 SE 1/4 SE 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 10653 71st Avenue N.E.
Brooks, Oregon 97305

(10) STATIC WATER LEVEL
26' ft. below land surface. Date 2/2/2006
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 6'

From	To	Estimated Flow Rate	SWL
6'	54'	100+	5'
63'	134'	50+	26'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Crushed fill	0	2	
Brown soft clay	2	6	
Brown silt	6	39	
Blue gray clay with silty seams	39	54	
Sticky gray clay	54	63	
Fine to medium dark gray sand	63	94	
Sandy blue gray clay with sand seams	94	118	
Loose dark gray sandy gravel	118	134	
Gray clay	134	136	

RECEIVED

FEB 08 2006

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 1/30/2006 Completed 2/2/2006

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

WWC Number 1629 Date 2/7/2006

Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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 1273 Date 2/7/2006

Signed Floyd Sippe