

MARI 59545

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

WELL I.D. # L 75907
START CARD # 163486

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

(1) OWNER: Well Number _____
Name Stephen Bizon / Bizon Nursery
Address 25619 NE Glass Rd.
City Aurora State OR Zip 97002

(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 230'9"
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
16"	0 14	3/8" Hole	0 14	37 sacks	
		Plug bentonite			
16"	14 152	cement &	14 152	102 sacks	
16"	152 230'9"	5% bentonite			

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 152 ft. to 230 ft. Size of gravel 4-10

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: See #7	Below			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12"	+2'7"	165'5"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	225'5"	230'9"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 1/2"	+2'6"	155		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liner: Gravel feed pipe				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
+2'7"	165'5"			12"	stainless	<input checked="" type="checkbox"/>	<input type="checkbox"/>
165'5"	210'5"	.070		12"	p.s.	<input type="checkbox"/>	<input type="checkbox"/>
210'5"	225'5"	.125		12"	p.s.	<input type="checkbox"/>	<input type="checkbox"/>
225'5"	230'9"			12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
230'9"					Lift bail & bottom plate	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
700		225'	1 hr.

Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any shafts contain water not suitable for intended use?
 Salty Muddy Odor Colored Other _____

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 4S N or S Range JW E or W. WM.
Section 32 NW 1/4 SW 1/4
Tax Lot 01300 of _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 17551 Boones Ferry Rd. Hubbard, OR 97032

(10) STATIC WATER LEVEL:
42 ft. below land surface. Date 1/26/06
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 96'

From	To	Estimated Flow Rate	SWL
96	132	50 gpm	14
162	225	1500 gpm	42

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay brown	0	9	
Clay brown soft	9	24	
Clay gray soft	24	30	
Clay blue silty soft	30	53	
Clay gray silty soft	53	79	
Clay dark gray	79	96	
Clay gray & fine sand	96	100	14'
Sand small gravel, clay gr	100	127	14'
Sand sm. gravel, brown clay	127	129	14'
Sand sm. gravel, gray clay	129	132	14'
Gravel & clay gray	132	142	
Clay dark gray & sand fine	142	162	42'
Sand black	162	201	42
Sand black & gravel	201	207	42'
Sand & gravel	207	225	42
Clay gray sticky	225	231	

Date started 9/13/05 Completed 2/1/06

(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 1704 Date 2/21/06

(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 *[Signature]* WWC Number 783 Date 2/21/06

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