

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 85070
 START CARD # 190230

(1) LAND OWNER Owner Well I.D. _____
 First Name SAVA Last Name KAMIS
 Company KAMIS NURSERY CO.
 Address 7978 PORTLAND RD NE
 City SALEM State OR Zip 97305

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 180 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	22	Bentonite	0	22	13	S
7.5	22	180					

How was seal placed: Method A B C D E

Other Bentonite dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		2.5	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 180

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method holte perforator
 Screens Type _____ Material _____

Perf	Casing/Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	6	170	176	.25	1	168	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150		178	5

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County MARION Twp 6 S N/S Range 2 W E/W WM
 Sec 20 NE 1/4 of the NW 1/4 Tax Lot 500
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
7978 PORTLAND RD NE SALEM, OR 97305

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 03-21-2007 _____ 36
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 55

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-21-2007	55	180	150		36

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	2
Brown clay	2	18
Silty brown clay	18	55
Brown and tan clay and gravel	55	75
Tight sandy brown gravel	75	97
Loose brown sand and gravel	97	105
Tight brown sandy gravel	105	124
Sandy gray clay and gravel	124	131
Fine medium dark gray sand	131	161
Dark gray sand and gravel semi-tight	161	180

RECEIVED
MAR 21 2007
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 03-19-2007 Completed 03-21-2007

(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.

License Number 1629 Date 03-23-2007
 Password : (if filing electronically) _____
 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.

License Number 1273 Date 03-23-2007
 Password : (if filing electronically) ****
 Signed Floyd Sepp
 Contact Info (optional) _____