

MARI 60942

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 75918

START CARD # 163498

(1) LAND OWNER Owner Well I.D. _____

First Name Tom Last Name DeArmond
 Company Oregon Turf & Trees
 Address 18381 Boones Ferry Rd. NE
 City Hubbard State OR Zip 97032

(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 306.66 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	6	Bentonite Chips	0	6	10	S
20	6	80	Cement	6	80	86	S
16	80	308					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 246.66 ft. to 306.66 ft. Material gravel Size 4/10
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16	1	244.62	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	12	1.75	246.66	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	12	300.66	306.66	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 244.62
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type v wire Material stainless steel

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
Screen		12	246.66	275.66	.07			12
Screen		12	275.66	300.66	.125			12

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,175	38.6	110	1
1,175	42	114	3
1,175	42.3	114	4

Temperature 53 °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 4 S N/S Range 1 W E/W WM
 Sec 32 NW 1/4 of the NW 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
10333 Broadacres Rd. NE Hubbard, OR 97032

(10) STATIC WATER LEVEL

Existing Well / Predeepening Completed Well	Date	SWL (psi)	+ SWL (ft)
<input checked="" type="checkbox"/>	<u>06-27-2007</u>		<u>72.2</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 123

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
11-14-2006	123	132	10		40
11-17-2006	176	189	25		40
12-04-2006	199	214	30		40
12-19-2006	246	302	3,000		40

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil & large gravel	0	1
Clay brown hard	1	8
Clay gray soft, silty	8	74
Clay dark gray	74	81
Sand black fine & silt	81	91
Clay silty dark gray	91	96
Sand & clay gray	96	110
Clay gray sticky	110	113
Clay green & gray, sticky	113	123
Cemented sand & gravel	123	132
Clay gray & green, sandy	132	150
Clay blue sticky	150	154
Clay green sticky	154	159
Clay green	159	167
Clay gray soft	167	176
Sand & clay gray, cemented	176	186
Sand	186	189
Clay gray, soft	189	199
sand and clay	199	210

Date Started 10-23-2006 Completed 08-27-2007

(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 _____ Date 9/24/07
 Password: (if filing electronically) _____
 Signed [Signature]

(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 783 Date 09-13-2007
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) Grossen Well Drilling (503)982-2060



THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.88

SEP 25 2007
 WATER RESOURCES DEPT
 SALEM OREGON

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To
sand , silt clay	210	211
Sand	211	214
Clay green	214	218
Clay blue sticky	218	236
Clay dark gray	236	237
Sand black fine & silty	237	239
Clay green	239	240
Clay gray sticky	240	243
Clay & sand layers	243	246
Sand black, coarse	246	270
Gravel & sand	270	302
Clay green	302	303
Clay gray	303	305
Sand & clay	305	308

Comments/Remarks

#7 Perforations/Screens: 306'8" (306.66) Bottom plate & lift bail.

RECEIVED
 SEP 25 2007
 WATERRESOURCES DEPT
 SALEM OREGON