

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 111606

START CARD # 208970

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

First Name Ray Last Name Klupenger
Company RDO Farms
Address 24075 Klupenger Road NE
City Aurora State OR Zip 97002

(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 190 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	0	37	Bentonite Chips	0	37	34	S
12	37	190					

How was seal placed: Method A B C D E

Other OAR 690-210-0340

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

Filter pack from 153 ft. to 190 ft. Material Colora sand Size 6/9

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	153	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	2.5	153	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 153

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type v-wire Material stainless

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	pipe size
Screen		10	153	187.66	.065			10
	Casing	10	187.66	190				10

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
750	54.1		2
750	58		4
750	58		5

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Date

(9) LOCATION OF WELL (legal description)

County MARION Twp 3 S N/S Range 1 W E/W WM
Sec 34 NW 1/4 of the NW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

24342 Klupenger Road Aurora, OR 97002

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	09-12-2013		68.6

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 107

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-24-2013	107	190	900		68.6

(11) WELL LOG

Ground Elevation _____

Material	From	To
Clay brown	0	10
Clay brown, silty	10	79
Clay gray silty	79	82
Clay sandy gray, silty	82	88
Sand brown, med.fine	88	94
Clay green	94	107
Sand brown & clay	107	117
Sand brown, trace gravel, slightly cemented	117	128
Sand brown 90%, gravel	128	138
Sand brown 70%, gravel	138	149
Lens layer clay brown, sand brown 90-95%	149	155
Sand black coarse 90-95%, gravel	155	163
Sand black coarse 50%, gravel	163	167
Sand black med.fine, silt gray	167	172
Sand black med.coarse	172	177
Sand black & gravel	177	188
Sand black	188	190

Date Started 07-15-2013 Completed 09-12-2013

(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 1704 Date _____

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 783 Date 10/4/13

Password: (if filing electronically) _____

Signed *[Signature]*

Contact Info (optional) Grossen Well Drilling (503) 982-2060

