

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

WELL LABEL # L 111608
 START CARD # 208973

(1) LAND OWNER Owner Well I.D. _____
 First Name David & Walter Last Name Buck
 Company _____
 Address 17728 Butteville Rd.NE
 City Woodburn State OR Zip 97071

(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 153.28 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	37	Bentonite Chips	0	37	28	S
16	37	154					

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 111 ft to 148 ft. Material gravel Size 3/16
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16		<input checked="" type="checkbox"/> 1	111	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	12		<input checked="" type="checkbox"/> 2	153.23	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 111
 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/
green	liner	dia			width	length	slots	pipe size
Screen		12	110.5	148.2	.07			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)
675	78		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 5 S N/S Range 2 W E/W WM
 Sec 22 SW 1/4 of the SE 1/4 Tax Lot 2000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
7176 St. Louis Rd. Gervais, OR 97026

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	03-05-2014		23.7

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 92

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
10-23-2013	86	98	15		23.7
11-05-2013	112	149	600		23.7

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	1
Clay, gray & brown	1	27
Clay blue silty	27	36
Clay gray silty soft	36	68
Clay gray	68	74
Clay dark gray sandy	74	86
Sand & silt loose	86	91
Sand cemented, some gravel	91	92
Sand black, loose	92	98
Clay gray hard, sticky	9	104
Clay gray soft	104	112
Sand & silt layers, gray	112	116
Sand & gravel, brown, some brown clay	116	120
Sand brown, coarse	120	124
Sand black & silt gray	124	132
Sand black & gravel to 2"(70% sand)	132	136
Gravel to 3" & sand black (50% sand)	136	140
Gravel cemented	140	146
Sand & gravel to 3" (40% sand)	146	149

Date Started 10-16-2013 Completed 03-05-2014
RECEIVED BY OWRB

(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 SALEM, OR
 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 4/2/14
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) Grossen Well Drilling (503)982-2060

