STATE OF OREGON WATER WELL REPORT #6 (START CARD) # (as required by ORS 537.765) LOCATION OF WELL by legal description: (1) OWNER: Well Number: Name DICKMAN FARMS, INC. County MARION Latitude ____ __ Longitude Address 15829 MT ANGEL-SCOTTS MILLS HWY Township 6S Nor S, Range 1E _E or W, WM. Zip 9738! City SILVERTON State OR SE 4 SW Tax Lot 63501-571 (2) TYPE OF WORK: Subdivision_ SAME Recondition ☐ Abandon Street Address of Well (or nearest address) . XX New Well ☐ Deepen (3) DRILL METHOD XX Rotary Air (10) STATIC WATER LEVEL: Rotary Mud Cable Other __157_5__ ft. below land surface. Date 5-21-90 (4) PROPOSED USE: Artesian pressure _ lb. per square inch. ☐ Domestic ☐ Community ☐ Industrial XX Irrigation (11) WATER BEARING ZONES: ☐ Thermal ☐ Injection ☐ Other Depth at which water was first found _ (5) BORE HOLE CONSTRUCTION: From Estimated Flow Rate Special Construction approval Yes No Depth of Completed Well 450 ft. 229 230 10 \Box_{XX} Explosives used Туре _ Amount 271 307 200 HOLE SEAL 307 362 100 Amount То Diameter From To Material From sacks or pounds 379 386 300 108 CEMENT 98. 108 (12) WELL LOG: 12 BENT 98 Ground elevation CEMENT 0 20 33 Material From 108 400 TOPSOIL 0 2 Howewas seal placed Method A B ΣχχС CLAY BROWN 2 12 Other . CONGLOMERATE 12 35 Backfill placed from . ft. to . CLAY YELLOW 35 75 ____ ft. Size of gravel Gravel placed from _ ft. to ___ CLAY RED 75 98 BASALT GREY HARD 98 125 (6) CASING/LINER: Gauge Steel Plastic Diameter Welded Threaded BASALT GREY MED FRACT LINES 125 200 From 108 250 X 霖 200 | 229 BASALT HARD GREY WITH FRAC BASALT FRACTURED 229 230 BASALT GREY HARD 230 259 П 259 264 BASALT WEATHERED 264 271 BASALT GREY HARD BASALT WEATHERED & VISICULAR 271 307 NO SHOE Final location of shoe(s) BASALT GREY MED FRATURED 307 | 362 (7) PERFORATIONS/SCREENS: BASALT GRE HARD 362 | 375 375 386 BASALT VISICULAR Method __Ø ☐ Perforations BASALT GREY HARD 386 444 ☐ Screens Material Туре CLATSTONE GREEN 444 450 Slot Tele/pipe To Number Diameter Casing Liner From size size WESTERBERG DRILLING INC. 31850 S. Hwy. 213 P.O. Box 562 Molalia, OR 97038 829-2526 5-11-90 5-22-90 Completed . Date started __ (unbonded) Water Well Constructor Certification: (8) WELL TESTS: Minimum testing time is 1 hour I certify that the work I performed on the construction, alteration, or Flowing Artesian abandonment of this well is in compliance with Oregon well construction XX Air ☐ Pump ☐ Bailer standards. Materials used and information reported above are true to my best knowledge and belief. Yield gal/min Drawdown Drill stem at Time WWC Number 600 380 1 hr. Date . Signed . (bonded) Water Well Constructor Certification: Temperature of water _N/A_ Depth Artesian Flow Found

Was a water analysis done? N() Yes By whom _

Depth of strata: _

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above, al work performed during this time is in compliance with Oregon welconstruction standards. This report is true to the best of my knowledge and belief.

SWL

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