

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

WELL I.D. LABEL# L 128844
 START CARD # 212572
 ORIGINAL LOG #

OWRD

(1) LAND OWNER

Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Pohlshneider Properties, LLC
 Address 17904 French Prairie Rd NE
 City St. Paul State OR Zip 97137

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stil Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(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 337 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	Sks
20	0	202	Bentonite	0	50	157	Sks
16	202	353				53	Calculated
			Cement	50	195	184	Sks
						92	Calculated

How was seal placed: Method A B C D E
 Other Pour and probe bentonite chips

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 166 ft. to 290 ft. Material CSSI Size 8x12

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stil	Plstc	Wld	Thrd
	16	+	+2	196	.375				
	12		166	192	.375				
	12		207	236	.250				
	12x10		236	237	.250				
	10		252	282	.250				

Shoey Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Screens Type V-shaped wire wrap Material 304 SS

Perf/ Screen	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		12	192	207	.50			PS
Screen		10	237	252	.40			PS
Screen		10	282	327	.40			PS

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1060	111		8

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 130

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Marion Twp 4 S N/S Range 2 W E/W WM
 Sec 33 NE 1/4 of the NW 1/4 Tax Lot 300
 Tax Map Number 04 2W 33 Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD

Street address of well Nearest address

18343 French Prairie Rd NE, St. Paul, OR 97137

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	93		8-22-18

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 12

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

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/22/18	198	316	1060		93

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	3
Clay, brown, med, silty	3	14
Clay, dark brown, med-hard, silty	14	15
Clay, brown, medium, silty	15	20
Clay, gray, medium	20	24
Clay, brown, medium, silty	24	28
Clay, gray, medium-soft	28	45
Clay, gray, medium w/lenses of sand, dark grey, fine	45	64
Sand, dark grey, fine-medium w/some 3/4" gravel	64	69
Gravel, 2" & sand, gray, medium-coarse	69	73
Sand, gray, medium-fine w/some gravel	73	76
Gravel, 1.5" & sand, gray w/some wood	76	92
Gravel, 1.5" & sand, green, fine-medium	92	112
Gravel, 2" & sand, green, coarse-medium	112	117
Clay, gray, medium	117	127
Clay, green, soft, sandy	127	129
Clay, blue-green, medium, silty	129	147

continued on page 2

Date Started 7/13/18 Completed 8/22/18

(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 1927 Date 8/27/18

Signed Ryan Smith

(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 649 Date 8/27/18

Signed Stephen Pohlshneider

Contact Info (optional) _____

WATER SUPPLY WELL REPORT -
continuation page

AUG 30 2018

WELL I.D. LABEL# L	128844
START CARD #	212572
ORIGINAL LOG #	

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material From To Amt sacks/lbs

OWRD

Water Quality Concerns

MARI 68102

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

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

(10) STATIC WATER LEVEL

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

FILTER PACK

From	To	Material	Size
290	353	CSSI	6x9

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	10		327	337	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	X
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(11) WELL LOG

Material	From	To
Clay, gray, medium	147	160
Clay, brown, medium-soft	160	165
Clay, gray, medium	165	168
Sand, dark gray, fine	168	172
Clay, brown & green, medium-soft	172	177
Clay, blue, gray, medium	177	192
Clay, green, medium, soft, sandy	192	198
Sand, dark gray, medium	198	202
Sand, dark gray, fine	202	208
Clay, blue gray, medium-fine	208	223
Clay, green, medium, sandy	223	227
Clay, gray, medium	227	237
Sand, dark gray, fine	237	251
Clay, gray, medium	251	253
Clay, green, medium	253	255
Clay, light green & brown, medium	255	258
Clay, grey, medium	258	261
Clay, light brown w/some green, medium	261	267
Clay, light brown, medium	267	273
Clay, light brown & gray, medium	273	278
Clay, brown, medium-firm, sandy	278	283
Sand, dark gray, fine	283	286
Gravel, 3" & sand, gray, fine-medium	286	316
Clay, gray, medium	316	326
Clay, gray, medium	326	334
Clay, blue green, medium	334	343
Clay, blue-green, medium, sandy w/some wood	343	353

(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)

Comments/Remarks

-Top of screen assembly has male straight thread.
-Bottom of screen assembly has welded steel plate.