

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 71683

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

6/17/2025

WELL I.D. LABEL# L

141650

START CARD #

1073806

ORIGINAL LOG #

Page 1 of 3

(1) LAND OWNER

Owner Well I.D.
First Name BRUCE Last Name ERNST
Company ERNST NURSERY AND FARMS LLC.
Address PO BOX 460
City SAINT PAUL State OR Zip 97137

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing:	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Material									
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 321.50 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	
20	0	36	Bentonite Chips	0	36	53
16	36	321.5				Calculated 40
			Cement	264.5	279	7
						Calculated 7

Seal placement method: A B C D E Other: OAR 690-210-0340

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Type _____ Amount _____

Seal Placement Begin Date 12/3/2024 Begin Time 09 15

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Mat. Shoe

C/L	Dia	+	From	To	Gauge	Type	Wld	Thrd	Shoe	Location
C	16	X	2	274	0.375	ST	X		OUT.	274
C	12		249.58	321.5	0.250	ST	X			

Temp casing Yes Dia _____ From+ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Perf/ Screen	Casing/ Screen	Type	v wire	Material		stainless steel	Tele/ Pipe size	
Screen	Casing	Dia	From	To	Scrn/slot width	Slot length	# of slots	Pipe size
Screen	Casing	12	289.58	297.58	.07			Pipe Size
Screen	Casing	12	297.58	316.58	.15			Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	200	167	173	2
Pump	177	157	173	4

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns?	From	To	Yes (describe below)	TDS amount	104 mg/L	Amount	Units
			Description				

(9) LOCATION OF WELL (legal description)

County MARION Twp 4.00 S N/S Range 2.00 W E/W WM
Sec 9 NE 1/4 of the NE 1/4 Tax Lot 1700
Tax Map Number _____ Lot _____
Lat _____ ° _____ ' _____ " or 45.24305594 DMS or DD
Long _____ ° _____ ' _____ " or -122.92992063 DMS or DD

6417 GEARING RD NE SAINT P
AUL, OREGON

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	6/4/2025			115.75

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 118.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)

7/16/2024	118	150	30		96
8/8/2024	303	316	200		158

(11) WELL LOG

Ground Elevation 165.86 FT

Material	From	To
Top Soil	0	1
clay brown, medium	1	18
clay brown, sticky	18	39
clay brown sandy	39	45
clay grey sticky	45	59
silt, sand, brown	59	61
clay, dark grey sandy	61	63
silt, sand, brown	63	75
sand black	75	78
clay grey	78	98
clay, dark grey sandy	98	102
clay grey, sticky	102	114
clay, grey, soft	114	118
clay grey, silt,	118	133
clay grey soft	133	141
silt, sandy, grey	141	145
sand and 30% gravel, black	145	148
sand and gravel and clay grey	148	150
clay grey sticky	150	160
Construction		
Begin Date <u>6/19/2024</u>	Begin Time <u>10</u>	End Date <u>6/4/2025</u>

(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 2041 Date 6/15/2025

Signed TRAVIS RUSH (E-filed)

(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 6/17/2025

Signed IVAN GROSSEN (E-filed)

Drilling Company: Grossen well drilling

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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Map of Hole

