

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

MULT
 4075

RECEIVED

APR - 5 1994

1S/4E/18

(START CARD) #49943

WATER RESOURCES DEPT.

(1) OWNER: Ekstrom Nursery
 Name Ekstrom Nursery
 Address 1600 S.E. 282nd
 City Gresham State Or Zip 97080

Well Number SALEM, OREGON

(9) LOCATION OF WELL by legal description:
 County Mult Latitude Longitude
 Township 1S N or S, Range 4E E or W, WM.
 Section 18 1/4 1/4
 Tax Lot 14 Lot Block Subdivision
 Street Address of Well (or nearest address) 1600 S.E.
 282nd Ave Gresham Or 97080 (well #1)

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 480 ft.
 Explosives used Yes No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	100	Cement	0	100	50
10	100	190	Cement	170	190	20
8	190	480				

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
10	+1	170	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	0	400	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	390	480	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Liner: _____

Final location of shoe(s) 10-170' / 8-400'

(7) PERFORATIONS/SCREENS:
 Perforations Method air knife/torch
 Screens Type Material

From	To	Slot size	Number	Diameter	Tele/plpe size	Casing	Liner
360	400	1/8-2/1	200			<input checked="" type="checkbox"/>	<input type="checkbox"/>
400	480	1/8-12	400			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time
 400 440 4 hr.

Temperature of Water 55F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:
 122 ft. below land surface. Date 3-4-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60	80	3-10	40
150	480	400+	122

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
clay red	0	25	
clay brown	25	60	
clay & gravel	60	90	40
cemented gravel (brown with seams of clay)	90	300	122
coarse cemented gravels	300	420	122
brown	420	480	122
fine cemented gravels	420	480	122
brown w/small seams black	480		

Date started 2-2-94 Completed 3-4-94

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 616
 Signed Ted W. Pulliam Date 4-4-94