

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

(WELL I.D.)# L 134775
 (START CARD) # 216179

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 2
 Name Steven Wheat
 Address 15565 Oakdale Rd.
 City Dallas State OR Zip 97338

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 137 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|---------------|------|------|-----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | |
| 10" | 0' | 19' | Bentonite | 0' | 19' | 9 Bags |
| Cal: 4.905 ft | | | | | | |
| 6" | 19' | 137' | | | | |

How was seal placed: Method A B C D E
 Other **Filled and hydrated to the top with dry Bentonite**
 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 |
|------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 6" | +1' | 19' | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------|----------------|--------------------------|--------------------------|
| | | | | | | | <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"/> |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 4.25 GPM | | 137' | 1 hr. |

Temperature of water 55° 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 **TDS 458**
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Polk Latitude _____ Longitude _____
 Township 8 S Range 5 W WM.
 Section 20 SW 1/4 SE 1/4
 Tax Lot 703 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 5250 Cooper Hollow Rd.
Monmouth, OR

(10) STATIC WATER LEVEL:
6' ft. below land surface. Date 4/20/2020
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 31'

| From | To | Estimated Flow Rate | SWL |
|-------------|-----|---------------------|-----|
| 31' | 71' | 4.25 GPM | 6' |
| RECEIVED | | | |
| MAY 04 2020 | | | |

(12) WELL LOG: Ground Elevation _____ **OWRD**

| Material | From | To | SWL |
|-----------------------------------|------|------|-----|
| Soil | 0' | 3' | |
| Tan/Brown Clay | 3' | 11' | |
| Tan/Brown Claystone w/ Blue Seams | 11' | 32' | 6' |
| Gray Sandstone w/ Blue Seams | 32' | 34' | |
| Gray Claystone w/ Blue Seams | 34' | 44' | |
| Gray/Blue Sandstone | 44' | 46' | |
| Gray Claystone w/ Blue Seams | 46' | 71' | |
| Gray Claystone | 71' | 137' | |

Date started 4/16/2020 Completed 4/16/2020

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Nathan Stevens
 WWC Number 2015
 Signed _____ Date 4/21/2020

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Robinson Well Drilling
 WWC Number 1585
 Signed _____ Date 4/21/2020