

STATE OF OREGON
WATER SUPPLY WELL REPORT

Arrow 00-020-3

(as required by ORS 537.765)

(1) OWNER:

Well Number: #1

Name: Columbia Empire Farms
Address: 31461 NE Bell Road
City: Sherwood, State: OR Zip: 97140

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration/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 303
Explosives Used Yes No Type _____ Amount _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	39	bent chps	0	39	16 bags
6"	39	303				

How was seal placed: Method A B C D E
 Other bent chips poured - probed
Backfill placed from _____ to _____ Material _____
from _____ to _____ Material _____
Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6"	+1	39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LINER:

4"	-4	303	160#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Final location of Shoe(s): 39'

(7) PERFORATIONS/SCREENS:

Perforations Method: saw cut
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
163	183	1/8x7	40	4"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
283	303	1/8x7	40	4"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
1.5	N/A	170	1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? _____ By whom: _____
Did any strata contain water not suitable for intended use? (explain) _____
Depth of Strata: _____

ARROW DRILLING (503) 538-4422

WELL ID # L 37655
START CARD # 127481

(9) LOCATION OF WELL by legal description:
County: Yamhill Latitude: _____ Longitude: _____
Township: 3S Range: 4W
Section: 36 SW 1/4 SW 1/4
Tax Lot: 900 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) 6580 NE Mineral Springs Road, Carlton, Oregon 97111

(10) STATIC WATER LEVEL:
70' Ft. below land surface Date 6/27/00
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Est. Flow Rate	SWL
170	187	1.5 gpm	70

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
top soil	0	1	
clay brwn silty	1	17	
sandstone gray med-sft prog hrder	17	61	
shale brwn firm occ gray	61	170	
sandstone gray med-hrd	170	187	70
shale gray firm	187	215	
siltstone gray med-hrd	215	303	

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JUL 28 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 6/26/00 Completed: 6/27/00

(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.

Signed _____ Date _____ WWC Number _____

(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.

Signed *[Signature]* WWC Number 1483
Date 7/27/00