

YAMH 55946

STATE OF OREGON WATER SUPPLY WELL REPORT

Arrow 11-009

WELL ID # L 104169 START CARD # 202524

(as required by ORS 537.765)

(1) LAND OWNER:

Name: Jane Edmiston Address: 11300 NW Old Wagon Rd City: Carlton State: OR Zip: 97111

Well Number: _____

(2) TYPE OF WORK:

[X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other: _____

(4) PROPOSED USE:

[X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [] Yes [X] No

Depth of Completed Well 305

Explosives Used [] Yes [X] No Type _____ Amount _____

Table with columns: Diameter, From, To, Material, SEAL (From, To), sacks or pounds. Row 1: 10", 0, 39, bent chps, 0, 39, 28 sacks. Row 2: 6", 39, 305, _____, _____, _____, _____.

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other poured-probed

Backfill placed from _____ to _____ Material _____

Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

CASING:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Row 1: 6", +1, 39, .250, [X], [], [X], [].

LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Row 1: 4", -5', 305', 160#, [], [X], [X], [].

Drive Shoe used [] Inside [X] Outside [] None

Final location of Shoe(s): 39'

(7) PERFORATIONS/SCREENS:

[X] Perforations Method: saw cut

[] Screen

Type: _____ Material: _____

Table with columns: From, To, Slot Size, No., Diameter, Tele/pipe size, Casing, Liner. Row 1: 185, 205, 1/8x7, 42, 4", pipe, [], [X]. Row 2: 285, 305, 1/8x7, 42, 4", pipe, [], [X].

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gpm, Drawdown, Drill Stem at, Time. Row 1: 2, N/A, 300, 1 hr. Row 2: 2, N/A, 300, 2 hrs.

Temperature of water 54 Depth Artesian Flow Found _____

Was a water analysis done? yes By whom: Arrow

Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: _____

ARROW DRILLING 503-538-4422

(9) LOCATION OF WELL by legal description:

County: Yamhill Latitude: _____ Longitude: _____

Township: 3S Range: 5W

Section: 22 SE 1/4 NW 1/4

Tax Lot: 2000 Lot: _____ Block: _____ Subdivision: _____

Street Address of Well (or nearest address) 11300 NW Old Wagon

Rd. Carlton, OR 97111

(10) STATIC WATER LEVEL:

83 Ft. below land surface Date 6/15/11

Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 21'

Table with columns: From, To, Est. Flow Rate, SWL. Row 1: 21, 26, 3.95 gpm, 15. Row 2: 180, 200, 2 gpm, 83.

(12) WELL LOG:

Ground Elevation: _____

Table with columns: Material, From, To, SWL. Rows include: top soil (0-1), clay reddish brwn (1-15), sandstone sft brwn withd (15-21), marine rock hrd gray w/quartz (21-214), siltstone brwn/gray firm to hrd (214-229), marine rock gray hrd w/quartz (229-305).

RECEIVED

JUN 14 2011

WATER RESOURCES DEPT SALEM OREGON

Date Started: 6/9/11

Completed: 6/14/11

(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 _____ WWC Number _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1483 Date 6/17/11