

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

FEB 11 1994

SALEM, OREGON

WATER RESOURCES DEPT

LINN
0123

(START CARD) #

6/2/13

(1) OWNER:

Name Morse Bro. - Prestress Plant
Address P.O. Box 181 Hwy 99, Peoria Rd
City Harrisburg State OR Zip 97446

Well Number

990

(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 120 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12"	0 47'	Cement	0 47'	22 Sacks	
8"	47' 135'				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 120 ft. to 135 ft. Size of gravel 3/8 Pca

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	0	135'	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 135'

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
None						<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

156 gpm 42' Pump Set at 75' 2 hr.

Temperature of Water 54° Depth Artesian Flow Found _____

Was a water analysis done? ☒ Yes By whom Nitrate 60

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other Too Sandy

Depth of strata: 112'-132' 16' bearing

(9) LOCATION OF WELL by legal description:

County Linn Latitude _____ Longitude _____
Township 15S N or S Range 4W E or W WM. 0
Section 9 SE 1/4 NE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

13 ft. below land surface. Date 2/8/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 112'

From	To	Estimated Flow Rate	SWL
112'	132'	100+ GPM	42'
134'	135'	15 GPM	13'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Gravel Fill	0	3	0'
Brown Clay	3	8	0'
Cemented Gravel	8	23	0'
Sand & Gravel	23	31	0'
Cemented Gravel	31	42	0'
Brown Clay (Sticky)	42	48	0'
Cemented Gravel	48	53	0'
Brown Sand	53	61	0'
Brown Clay	61	74	0'
Blue Clay	74	84	0'
Blue Sand & Clay	84	85	0'
Blue Clay	85	112	0'
Blue Sand & Clay w/B	112	132	42'
Blue Clay w/Gravel	132	134	0'
Blue Sand w/B	134	135	13'

Date started 2/1/94 Completed 2/8/94

(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.

Signed Kurt D. Miller WWC Number 1411
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.

Signed Donald J. Jovine WWC Number 751
Date 2/9/94



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

JUN 24 2025

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Knife River Inc.

Mailing Address: 32260 Old Hwy 34

City, State, Zip: Tangent, OR. 97389

Mail Well ID to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: Alec Haddad, 23505 Peoria Road

City, State, Zip: Harrisburg, OR 97446

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 15 S (North / South) Range: 4 W (East / West) Section: 9 NE 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 400 County Linn

GPS Coordinates: N 44.27964538 W-123.17187060

Street Address of Well, City: 23505 Peoria Road, Harrisburg, OR 97446

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Industrial

Date Well Constructed (or property built): 2-9-94 Total Well Depth: 135' Casing Diameter: 8"

Owner at time the well was constructed (if known): Morse Bros. Well Report # (if known): LINN 2123

Other Information: _____

SUBMITTED BY (please print): H. Timothy Fassbender, PLS, CWRE

PHONE: 541-913-0216 EMAIL &/or FAX: htimfass@aol.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

6-24-2025

Well Report Number:

LINN 2123

Well Identification #:

L-158417