

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

LINN
2341

LINN 2341
AUG 10 1994
 WATER RESOURCES DEPT.
 SALEM, OREGON

9s/1w/15db
 (START CARD) # 69304

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

(1) **OWNER:** Well Number 94-56
 Name LEROY M. CHRISMAN
 Address 41639 Stayton Scio Road SE
 City Stayton State OR Zip 97383

(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 90 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Cement grt 0	0	18	16 sacks 5% bentonite
7.5"	18	90				

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				Threaded
				Plastic	Welded	Other	Other	
Casing: 6"	+1	90	.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) 90' 5 5/8" ID underreamer shoe.

(7) **PERFORATIONS/SCREENS:**

From		To		Slot size	Number	Diameter	Material	Casing	Liner
From	To	From	To						
								<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**

Yield gal/min	Drawdown	Drill stem at	Time
85	40'	80'	1 hr.

Temperature of water 51° 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: _____

(9) **LOCATION OF WELL by legal description:**
 County Linn Latitude _____ Longitude _____
 Township 9 N or (S) Range 1 E or (W) WM.
 Section 15 NW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 41639 Stayton Scio Road Stayton, OR. 97383

(10) **STATIC WATER LEVEL:**
17 ft. below land surface. Date 8/8/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 27'

From	To	Estimated Flow Rate	SWL
35	60	60	17
60	90	85	17

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

Material	From	To	SWL
Sand brown	0	4	
Sand brown w/boulders	4	10	
Gravel cobbles w/some boulders	10	27	
Cobbles & boulders some large gravel	27	32	
Gravel small to large w/some cobbles	32	51	
Gravel & cobbles sandy brown	51	60	
Gravel small to medium clean	60	85	
Cobbles small to large w/boulders	85	90	

Date started 8/3/93 Completed 8/4/94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed Sham K. Pad WWC Number 1619
 Date 8-9-94

(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.
 MACK DRILLING CO. INC. WWC Number 1394
 Signed Ernest L. Mack Date _____



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

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

MAR 18 2021

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Heuberger Investments LLC
 Mailing Address: PO Box 827
 City, State, Zip: Sublimity, OR 97385
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Will McGill Surveying LLC, 15333 Pletzer Rd. SE
 City, State, Zip: Turner, OR 97392

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

Township: 9S (North / South) Range: 1W (East / West) Section: 15 NW 1/4 of the SE 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 1700 County Linn
 GPS Coordinates: 44.7849924051 -122.7933711013
 Street Address of Well, City: 41639 Stayton Scio Rd. SE
 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): irrigation, nursery
 Date Well Constructed (or property built): 8/4/1994 Total Well Depth: 90' Casing Diameter: 6"
 Owner at time the well was constructed (if known): Leroy M. Chrisman Well Report # (if known): LINN 2341
 Other Information: _____

SUBMITTED BY (please print): William E. McGill, CWRE
 PHONE: (503) 510-3026 EMAIL &/or FAX: willmcgill.surveying@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, fax to (503) 986-0902, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.

For Official Use Only by the Oregon Water Resources Department:		
Received Date: <u>3-18-21</u>	Well Report Number: <u>LINN 2341</u>	Well Identification #: <u>L 141750</u>