

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

NOV 09 1989
LINN 344
 WATER RESOURCES DEPT.
 SALEM, OREGON

Linn
 344

10s/2w/10ca

(START CARD) # 17196

(1) OWNER:
 Name Joe Loewen
 Address 37221 Jefferson Scio Dr.
 City Scio State OR. Zip 97374

Well Number: _____

(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 99 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	18'	cement	0	18'	10 sacks
10"	18'	99'				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10"	+14"	97'	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			11"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 97'11"

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
84'11"	95'11"	3/8 x12"	36	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 100 gpm Drawdown 17 Drill stem at _____ Time 1 hr.

Temperature of water _____ 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 10 S N or S, Range 2 W E or W, WM.
 Section 10 NE 1/4 SW 1/4
 Tax Lot 100500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 37221 Jefferson-Scio Dr.

(10) STATIC WATER LEVEL:
17' ft. below land surface. Date 10-25-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 29'

From	To	Estimated Flow Rate	SWL
29'	35'	10 gpm	17'
47'	70'	100 gpm	17'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown clay	2	9	
Brown clay & some gravel	9	25	
Brown clay & gravel	25	29	
Dirty gravel	29	35	17'
Brown clay	35	47	
Dirty brown sand & gravel	47	70	17'
Brown clay & gravel	70	87	
Brown clay & boulders	87	99	

Date started 10-13-89 Completed 10-25-89

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 1378
 Signed [Signature] Date 10-27-89



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

JUL 29 2020

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): Eagle Creek Northwest LLC
 Mailing Address: 1314 12th Ave. S, Suite 5
 City, State, Zip: Nampa, ID 83651
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Grant McGill 15333 Pletzer Rd SE
 City, State, Zip: Turner OR 97392

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

Township: 10S (North / South) Range: 2W (East / West) Section: 10 SE 1/4 of the SW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 500 County Linn
 GPS Coordinates: 44.71070010, -122.91856174
 Street Address of Well, City: 37221 Jefferson-Scio Dr., Scio
 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
 Date Well Constructed (or property built): 10/25/1989 Total Well Depth: 99' Casing Diameter: 10"
 Owner at time the well was constructed (if known): Joe Loewen Well Report # (if known): LINN 344
 Other Information: Start Card #17196 WR App G-18703

SUBMITTED BY (please print): Will McGill Surveying LLC (Agent)
 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; or fax to (503) 986-0902.
 Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: <u>7-29-2020</u>	Well Report Number: <u>LINN 344</u>	Well Identification #: <u>L-139226</u>