

JUL 30 1997

LINN 51096

Replacement:

STATE OF OREGON WATER RESOURCES DEPARTMENT
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. #

TAG LOST! ~~L12054~~ L-119821

LINN

(START CARD) # 099263

Instructions for completing this report are on the last page of this form. 51096

(1) OWNER:

Well Number

Name Pioneer Villa Truck Plaza, Inc.
Address 33180 Hwy. 228
City Halsey State OR Zip 97348

(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 83 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	45'	cement	0	45'	35sacks
8"	45'	83'				

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	Plastic	Welded	Threaded
Casing: 8"	+18"	83'	.25	<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) 83'

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
74'	83'	3/8" x 12"	70	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
100gpm	9'		<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Artesian	1 hr.

Temperature of water 56 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 14 S N or S Range 3 W E or W. WM.
Section 4 NE 1/4 NW 1/4
Tax Lot 00200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

same

(10) STATIC WATER LEVEL:

6' ft. below land surface. Date 7-22-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 28'

From	To	Estimated Flow Rate	SWL
28'	35'	20gpm	7'
64'	83'	100gpm	6'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOPSOIL	0		
Black top & gravel fill	0	3	
Brown clay	3	16	
Brown clay & some grav.	16	18	
Dark gray clay	18	21	
Brown clay	21	28	
Dirty gravel	28	35	7
Dark gray clay & gravel	35	39	
Dark gray clay	39	60	
Black sandy clay	60	64	
Black sand & gravel	64	65	6
Dark gray clay	65	73	
Black sand & gravel	73	83	

Date started 7-14-97 Completed 7-22-97

(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.

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

WWC Number 1378

Signed Matthew Linn Date 7-25-97



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

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

I. OWNER INFORMATION

Current Owner Name (please print): Pioneer Villa Truck Plaza C/O Greg Moore
Mailing Address: 33180 Highway 228
City, State, Zip: Halsey, Or 97348
Mail Well-ID-Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address: SALEM, OR
City, State, Zip:

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

Township: 14 South (North / South) Range: 3 West (East / West) Section: 4
Tax Lot: 00200 County Linn NE 1/4 NW 1/4
GPS Coordinates:
Street Address of Well, City: 33180 Highway 228, Halsey Or
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic/commercial
Date Well Constructed (or property built): 7/22/1997 Total Well Depth: 83 ft Casing Diameter: 8"
Owner at time the well was constructed (if known): Pioneer Villa Truck Plaza
Other Information: Lost ID tag- ID information from well log data- LINN 51096 L-12054

SUBMITTED BY (please print): Jeffrey Kee, Stuntzner Engineering & Forestry LLC 2137 19th Ave, Forest Grove
PHONE: 503-357-5717 EMAIL &/or FAX: jkee@stuntzner.com 97116

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.

TAG # L-12054 LOST! *REPLACEMENT TAG*

For Official Use Only by the Oregon Water Resources Department:

Received Date: 8-24-15 Well Log Number: LINN 51096 Well Identification #: L-119821