

JUL 30 1999

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

linn  
52584

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 19007  
START CARD # 116706

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Smith Seed Services  
Address P.O. Box 288  
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 48 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18'	cement	0	18'	18 1/2 sacks
6"	18'	48'				

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: 6"	+12'	46'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		09"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 46' 09"

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
38' 09"	46'	3/8"	44	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		09" x 12"				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Artesian

Yield gal/min	Drawdown	Drill stem at	Flowing Time
40 gpm	22		1 hr.

Temperature of water 55 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 4 W E or W. WM.  
Section 11 NE 1/4 NW 1/4  
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Halsey  
Crook Dr. - 1/2 mile West of Powerline

(10) STATIC WATER LEVEL:  
13 ft. below land surface. Date 7-23-99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30'	46'	40 gpm	13

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	3	
Brown clay	3	19	
Brown clay & gravel	19	30	
Dirty gravel	30	37	13
Brown sand & gravel	37	46	
Brown clay & gravel	46	48	

Date started 7-20-99 Completed 7-23-99

(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 1378  
Date 7-27-99



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

RECEIVED

JUN 27 2011

WATER RESOURCES DEPT
SALEM, OREGON

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

I. OWNER INFORMATION

Current Owner Name (please print): Smith Seed Services
Mailing Address: PO Box 288
City: Halsey State: OR Zip: 97348
Mailing Address (to send Well I.D.): PO Box 288
City: Halsey State: OR Zip: 97348

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 14S (North/South) Range: 4W (East/West) Section: 11
Tax Lot: 201 County: Linn NE 1/4 NW 1/4
Street Address of Well: 26890 Powerline Rd City: Halsey
Owner at time the well was constructed, (if known): Smith Seed Services
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic + industrial
Date Well Constructed: 7/23/1999 Total Well Depth: 48' Casing Diameter: 6"
Other Information:

SUBMITTED BY (please print): Kevin McDonald
PHONE: 541-369-2830 FAX: 541-369-2723

ok TAG MISSING RE-ISSUE NEW # 7/22/11 KK
VOID TAG 19007.

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

LINN 52584

107553

For Official Use Only by the Oregon Water Resources Department.
Received Date: Well Log Number: Well Identification #: