

LINN 61685

WELL I.D. LABEL# L 120688

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L	120688
START CARD #	1029894
ORIGINAL LOG #	

(1) LAND OWNER Owner Well I.D. 5633
 First Name Lynn Last Name Henriksen
 Company Viking Farms LLC
 Address PO Box 437
 City Tangent State OR Zip 97389

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 100 ft.

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	
16	0	30	Bentonite	0	30	32 S
12	30	80			Calculated	30
10	80	100			Calculated	

How was seal placed: Method A B C D E
 Other poured dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 12 2 79 250
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From _____ To 19

(7) PERFORATIONS/SCREENS Perforations Method Holt air perf.
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Perf	Casing	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
				12	40	74	.125	1	1,750	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
251	40	70	1
220	40	70	4

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 125
 From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County LINN Twp 12 S N/S Range 4 W E/W WM
 Sec 11 NE 1/4 of the NW 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 33156 Hinck Rd. - Tangent, OR 97389

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	06-07-2016		18

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 25

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-06-2016	25	70	100		18
06-06-2016	83	100	120		18

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	2
Brown clay	2	18
Dirty brown sand	18	40
Cemented sand and gravel	40	45
Dirty sand and gravel	45	58
Blue sand and gravel	58	70
Gray clay	70	83
Sand and gravel	83	90
Black sand	90	92
Black sand and gravel	92	100
-hole covered back to 83'		

JONES DRILLING CO., INC.
 29400 SANTIAM HWY.
 LEBANON, OR 97355
 541-367-2560 541-451-2686
 1-800-915-8388

Date Started 06-06-2016 Completed 06-07-2016

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.
 License Number 1888 Date 06-13-2016
 Signed *Kern Gillett*

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.
 License Number 1684 Date 06-13-2016
 Signed *[Signature]*
 Contact Info (optional) _____

RECEIVED BY OWRD
 JUN 22 2016
 SALEM, OR

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 AUG 01 2016
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