

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

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JAN 23 1995

4s/2w/2dd

WATER RESOURCES DEPT. (START CARD) # 64230

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

(1) OWNER: Well Number _____

Name Zorn Farms Inc.
Address 2300 River Road
City St. Paul State OR Zip 97137

(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 196 1/2 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	50	Bentonite	0	50	58 sacks
16"	50	310				
	199	319	cement & 20% bentonite			31 sacks
			cement			8500lbs bent

How was seal placed: Method A B C D E
 Other OAR 690-210-340
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: 16"	+2	162' 3"	.375	<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) 162' 3"

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Telc/pipe size	Casing	Liner
+3	163			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
163	183	.065		12"	ps	<input type="checkbox"/>	<input type="checkbox"/>
183	199			12"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
196 1/2	199'				cement plug	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<input checked="" type="checkbox"/> Pump			
1100	62'		1 hr.
1100	66'		6 hrs

Temperature of water 54 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 Marion Latitude _____ Longitude _____
Township 4S N or S Range 2W E or W. WM.
Section 2 SE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8379 Champoeg Rd.
St. Paul, Oregon

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 12/23/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 162'

From	To	Estimated Flow Rate	SWL
162	183	1400 gpm	20

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay brown	0	43	
Clay grey sticky	43	54	
Clay brown	54	71	
Clay sandy brown	71	79	
Clay grey	79	149	
Clay sandy	149	159	
Sand, silt	159	162 1/2	
Sand, trace gravel	162 1/2	165	20'
Sand, gravel	165	183	20'
Clay grey	183	310	

Date started 10/20/94 Completed 12/23/94

(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.
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 783
Signed Jan Brown Date 1/19/95