

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

(1) OWNER:
 Name Kevin Crosby Well Number: WATER RESOURCES
 Address 8648 Crosby Road NE
 City Woodburn State OR Zip 97071

(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 134' ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18	Bentonite	0	18	29 sacks
6"	18	136				

How was seal placed: Method A B C D E
 Other Granular bentonite 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: 6"	+1 1/2	128 1/2	.250	<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) 128 1/2'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type telescoping Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
122 1/2	123				backer (neoprene)	<input type="checkbox"/>	<input type="checkbox"/>
123	127 1/2			5"	pipe	<input type="checkbox"/>	<input type="checkbox"/>
127 1/2	132 1/2	.060		5"	screen	<input type="checkbox"/>	<input type="checkbox"/>
132 1/2	136			5"	pipe	<input type="checkbox"/>	<input type="checkbox"/>
136					Bottom plate & lifting bail	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
33	53'		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 Clatsop Latitude _____ Longitude _____
 Township 5S N or S, Range 2W E or W, WM.
 Section 1 NW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 16826 Butteville Road NE Woodburn, OR 97071

(10) STATIC WATER LEVEL:
34 ft. below land surface. Date 8/2/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 130'

From	To	Estimated Flow Rate	SWL
130	134	35	34'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Existing well	0	82	
Clay gravel brown	82	91	
Clay blue	91	103	
Sand black	103	104	
Clay grey	104	117	
Clay blue, gravel	117	119	
Clay brown	119	122	
Sand & gravel cemented	122	130	
Sand & gravel	130	134	
Clay blue	134	136	

Date started 7/21/89 Completed 8/2/89

(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 783
 Signed James Brown Date 8/2/89

MARI 2202



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

MAY 6 2020

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): KW Crosby Inc
Mailing Address: 8648 Crosby Rd NE
City, State, Zip: Woodburn, OR 97071
Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
Name & Address: Re: TopWire Hop Project KW Crosby Inc 8648 Crosby Rd NE
City, State, Zip: Woodburn, OR 97071

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

Township: 5 S (North / South) Range: 2 W (East / West) Section: 1 NW 1/4 of the SW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 400 County Marion
GPS Coordinates: 45° 09' 50.3" N -122° 53' 14.9" W
Street Address of Well, City: 16845 Butteville Rd
If the property had a different street address in the past: 16826 Butteville Rd (nearest)

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): Domestic
Date Well Constructed (or property built): 8-2-1989 Total Well Depth: 134' Casing Diameter: 6"
Owner at time the well was constructed (if known): Kevin Crosby Well Report # (if known): MARI 2202
Other Information: start card #7020

SUBMITTED BY (please print): Sarah Schwab
PHONE: 503-508-6028 EMAIL &/or FAX: sschwab@oda.state.or.us

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.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
5-6-2020

Well Report Number:
MARI 2202

Well Identification #:
L-138112