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JUL 20 1998

WELL I.D.# 413582

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

(START CARD) # 101526

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

(1) OWNER: Well Number _____

Name A & R Spada Farms
Address 7251 St. Paul Hwy NE
City St. Paul State OR Zip 97137

(2) TYPE OF WORK
[X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD:
[] Rotary Air [] Rotary Mud [X] Cable [] Auger
[] Other

(4) PROPOSED USE:
[] Domestic [] Community [] Industrial [X] Irrigation
[] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [] Yes [X] No Depth of Completed Well 274 ft.
Explosives used [] Yes [X] No Type _____ Amount _____

Table with columns: HOLE, SEAL, Diameter, From, To, Material, From, To, Sacks or pounds. Includes rows for 20", 16" diameters and Bentonite, cement & 5% Bent materials.

How was seal placed: Method [] A [] B [X] C [] D [] E
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 221 ft. to 274 ft. Size of gravel pea 5x8

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes rows for Casing and Liner with 16" diameter.

Final location of shoe(s) 220 1/2 220 6"

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes rows for 10" diameter screens.

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

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes rows for 1250 yield and 53/58 drawdown.

Temperature of water 53 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 5S N or S Range 2W E or W. WM.
Section 2 NW 1/4 NE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8149 Crosby Rd. NE
Woodburn, OR 97071

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date 6/22/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 100'

Table with columns: From, To, Estimated Flow Rate, SWL. Includes rows for depths 100', 127', 183', 223'.

(12) WELL LOG: Ground Elevation _____

Table for well log with columns: Material, From, To, SWL. Lists soil layers from top soil to sand black.

Date started 4/3/98 Completed 6/22/98

(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 [Signature] WWC Number 1704 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 783 Date 6/14/98

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WELL I.D.# L 13582

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

(START CARD) # 101526

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

(1) OWNER: _____ Well Number _____

Name A & R Spada Farms
Address _____
City _____ State _____ Zip _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
continued			
Clay gray	203	207	
Sand & clay	207	223	
Sand	223	233½	29
Clay gray silty	233½	239	
Clay brown	239	242	
Sand black	242	269	29
Clay	269	274	

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6/3/98 Completed 6/22/98

(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 Ivan Larson WWC Number 783 Date 6/14/98