

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 54550
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WELL ID # L36189 37189

(START CARD) # 124502

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

(1) OWNER: Well Number: 627
Name WinCo Foods
Address 300 S. Woodland Ave.
City Woodburn State OR Zip 97071

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 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 255 ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12	0	255	Cement	15	230	230 Sacks
12	0	255	Bentonite	0	15	35 Sacks

How was seal placed: Method A B C D E
 Other
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 230 ft. to 255 ft. Size of gravel #12

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
8	+2	255	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Welded Material S/S

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
235	255	.18			Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100	90		8 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 5S N or S. Range 2W E or W. of WM.
Section 11 NE 1/4 SW 1/4
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest address)
Same as above

(10) STATIC WATER LEVEL:
54 ft. below land surface. Date 12/6/99
Artesian pressure _____ lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
73	125	1000	30
237	255	100	54

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	5	
Clay, Brown & Gravel	5	13	
Clay, Gray	13	56	
Sand, Coarse & Clay, Blue & Gravel	56	65	
Wood, Shells, & Sand, Fine	65	73	
Sand, Fine	73	105	
Gravel & Sand, Coarse	105	125	30
Gravel, Cemented	125	165	
Sand, Coarse & Clay, Blue	165	190	
Sand & Clay w/ig. chunks of wood	190	210	
Clay, Gray & Sand	210	237	
Sand, Cemented	237	255	54

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WATER RESOURCES DEPT.
SALEM, OREGON

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11/8/99 Completed 12/6/99

(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 my best 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 *Robert C. Eiler* WWC Number 663
Date 1/4/2000

AMERICAN WELL DRILLING