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JUL 09 2010

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WATER RESOURCES DEPT
SALEM, OREGON

WELL LABEL # L 37189

START CARD # 205739

(1) LAND OWNER Owner Well I.D. 5088
First Name _____ Last Name _____
Company Winco Foods
Address P.O. Box 400
City Woodburn State OR Zip 97071

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

(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 340 ft.

BORE HOLE

Dia	From	To	Material	SEAL	To	Amt	sacks/ lbs
7.5	255	340					

How was seal placed: Method A B C D E

Other Undisturbed

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6		15	295.67	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	5		335	340	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type Wrap rib V wire Material stainless steel

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		5	300	305	.012			5
Screen		5	305	315	.018			5
Screen		5	315	325	.02			5
Screen		5	325	335	.025			5

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
175	20	192	.7
150	40	192	1.5

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 5 S N/S Range 2 W E/W WM
Sec 11 NE 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

400 Woodland Ave. - Woodburn, OR 97071

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening	05-03-2010		31.5
Completed Well	05-07-2010		31.5

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 290

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-07-2010	290	336	175		31.5

(11) WELL LOG

Ground Elevation _____

Material	From	To
Blue cemented sand	255	260
Blue clay sandy	260	290
Blue sand & gravel	290	336
Dark brown clay	336	340

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

Date Started 05-03-2010 Completed 05-07-2010

(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 1411 Date 05-12-2010

Password: (if filing electronically) _____
Signed KTO MSA

(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 05-12-2010

Password: (if filing electronically) _____
Signed Brad Young
Contact Info (optional) jonesdrilling@hotmail.com