

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

MAR 16 3/16

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75/1W-1866

MAY 18 1988

(1) **OWNER:**
 Name King Farms
 Address 4285 Desart Rd. NE
 City Silverton State OR Zip 97381
 Well Number: _____

(9) **LOCATION OF WELL by legal description:**
 Latitude _____ Longitude _____
 Township _____ Range _____ E or W, WM.
 Section 18 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9604 Kaufman Rd.
Salem, OR 97381

(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 415 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
6	0 24	cement	0 24		
12	24 190	cement	162 190	65 sacks	

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: 12	+1	162	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10	127	167		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method no
 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"/>
						<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**
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
400		360	1 hr.
350		275	

Temperature of water 56 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom driller
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other N/A
 Depth of strata: _____

(10) **STATIC WATER LEVEL:**
71 ft. below land surface. Date 5-14-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 270

From	To	Estimated Flow Rate	SWL
270	372	400	71

(12) **WELL LOG:** Ground elevation N/A

Material	From	To	SWL
Top soil	0	1	
Clay brown	1	39	
Dirty gravels w/ clay	39	45	
Clay grey sticky	45	51	
Gravel cemented	51	68	
Clay brown	68	74	
Cemented gravel	74	92	
Gravel & sand med. loose	92	104	WB
Clay brown	104	111	
Clay grey	111	118	
Gravel & clay tight	118	136	
Gravelly sandstone brown	136	152	
Basalt brn & green wthrd	152	161	
Basalt grey some brn hrd	161	182	
Basalt grey	182	191	
Basalt grey & brown	191	197	
Clay interbed brown	197	204	
Basalt grey	204	357	
Basalt grey vesicular	359	368	
Basalt grey	368	378	
Clay red-grey brown	378	415	

Date started 5-4-88 Completed 5-14-88

(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.
 Signed Steve Stadel WWC Number 688
 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.
 Signed [Signature] WWC Number 723
 Date 5-16-88

RECEIVED No 3019

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

MAY 7 1988

WATER RESOURCES DEPT.
SALMON DIVISION

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address King Farms
4285 Desert Rd N.E
Silverton Or 97381

Proposed Commencement Date May 4, 1988

Proposed Well Depth 200-400', Diameter 12"

and Use:

- Domestic
- Thermal
- Community
- Injection
- Industrial
- Other _____
- Irrigation

Proposed Well Location: County Marion

Township 7S (N or S) Range 1W (E or W) Section 18

At least 2 of these must be provided

1. NW 1/4 of NW 1/4 of above section
2. street address of well location 9604 Kaufman Rd
Silverton Or 97305
3. tax lot number of well location _____
4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x King Farms by David King
Owner's Signature

x Steen M. Stadel for Chuck Stadel
Bonded Water Well Constructor

Title

License No. 723

Date

Company STACO WELL SERVICES INC

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.