

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Stauffer Farms INC.
 Address 13851 Stauffer Rd. NE
 City Hubbard State OR Zip 97032

(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 301 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
20	0	48	Bentonite	0	48	86	S
16	48	301					

How was seal placed: Method A B C D E
 Other OAR 690-210-0340
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 141.75 ft. to 301 ft. Material gravel Size 4/12
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		2	301	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16		1	141.75	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 141.75
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method torch
 Screens Type v-wire Material stainless

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen		12	142	147.36	.085			
Screen		12	158.69	173	.085			
Perf		12	247.83	252.83	.125	6	112	
Perf		12	265.83	272.83	.125	6	144	
Perf		12	276.83	279.83	.125	6	54	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600	77.2		1
600	85.5		3
600	86.2		4

Temperature 53 °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 4 S N/S Range 1 W E/W WM
 Sec 26 SW 1/4 of the NW 1/4 Tax Lot 00500
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address

19328 Hwy 99E NE Hubbard. OR 97032

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>05-03-2011</u>		<u>55</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 94

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>11-29-2010</u>	<u>94</u>	<u>122</u>	<u>350</u>		<u>49</u>
<u>12-09-2010</u>	<u>143</u>	<u>173</u>	<u>600</u>		<u>55</u>
<u>01-27-2011</u>	<u>252</u>	<u>279</u>	<u>40</u>		<u>55</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	1
Clay brown silty	1	73
Sand brown fine & silt	73	83
Sand fine & silt gray	83	84
Sand black	84	85
Clay gray & sand	85	89
Clay green sticky	89	94
Sand black	94	111
Sand 60% & gravel to 4"	111	122
Clay green, sand & gravel	122	126
Clay green	126	134
Clay gray silty	134	137
Clay sand & gravel	137	143
Sand black	143	147
Clay green & gray sticky	147	159
Sand black med. fine	159	164
Sand & gravel	164	173
Clay gray	173	177
Clay gray & blue	177	183

Date Started 11-05-2010 Completed 05-03-2011

(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 1704 Date _____
 Password: (if filing electronically) _____
 Signed _____

(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 783 Date 6/2/11
 Password: (if filing electronically) _____
 Signed David J. Gossen
 Contact Info (optional) Gossen Well Drilling P.O. Box 526 Woodburn, OR 97071



JUN 06 2011

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
Clay blue sticky	183	193
Clay gray sandy	193	198
Clay dark green silty	198	209
Clay blue-green hard	209	211
Gravel & basalt	211	213
Clay green & gravel	213	219
Clay green sticky	219	224
Clay green hard	224	234
Clay green hard & gravel	234	243
Gravel cemented w/some clay gray	243	244.5
Clay sticky gray	244.5	246
Clay green & gray sticky	246	249
Clay soft green & clay gray sandy, small gravel	249	252
Clay green, gray, brown & gravel	252	254
Clay green, brown, soft	254	258
Clay green, gray, sticky	258	259
Clay gray sticky hard	259	267
Clay green, gray, sticky w/seams of fine black sand	267	270
Clay green sandy & gravel	270	272
Clay gray sticky	272	278
Clay gray, sand & gravel	278	279
Clay blue sticky hard	279	292
Clay black hard	292	299
Clay blue sticky hard	299	301

Comments/Remarks

RECEIVED

JUN 06 2011



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

Replacement tag

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

RECEIVED
 FEB 24 2025
 OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Stauffer Farm Inc.

Mailing Address: 13851 Stauffer Rd NE

City, State, Zip: Hubbard, OR 97032

Mail Well ID to: SAME AS ABOVE In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

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

Township: 4S (North / South) Range: 1W (East / West) Section: 26 SW 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1200 (Sec 27) County Marion

GPS Coordinates: 45.195405 -122.780841

Street Address of Well, City: 13851 Stauffer Rd NE. Hubbard, OR 97032

If the property had a different street address in the past: _____

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): Irrigation

Date Well Constructed (or property built): May 3, 2011 Total Well Depth: 301' Casing Diameter: 16 inch

Owner at time the well was constructed (if known): Stauffer Brothers Well Report # (if known): MARI 63689

Other Information: L-105628 missing needs replaced Claim GR-785
T-11153

SUBMITTED BY (please print): Karlee Southerland

PHONE: 971-599-9031 EMAIL &/or FAX: Karlee.staufferfarmsinc@yahoo.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

★ REPLACEMENT ID# ★

For Official Use Only by the Oregon Water Resources Department:

Received Date: <u>2-24-25</u>	Well Report Number: <u>MARI 63689</u>	Well Identification #: <u>L-157039</u>
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