

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

6
W10
2531

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MAR - 8 1995

35/38E/26d

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

WATER RESOURCES DEPT. (START CARD) # 64870

(1) OWNER: Well Number APPLICANT
Name ALMA & LOY TRASK TRUST TRICO FARMS
Address 7143 DAYLING ST
City Salem State OR Zip 97301

(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 520
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	46	Cement Slurry	0	46	80 SACKS
16	46	400				
12	390	520				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to NONE Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16	12'	390	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 12"	390	520		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 16" 400' 12" 390 + 520

(7) PERFORATIONS/SCREENS:

Perforations Method Torch Material _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
410	530	5x12	2000	12"	12"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
580	93		5:15
1100	68		
1600	92		

Temperature of water 61° 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 Union Latitude _____ Longitude _____
Township 35 N or S Range 38E E or W. WM.
Section 2 SE 1/4 NW 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Cove Hwy 237
Island City

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 3-5-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 18' (Surface)

From	To	Estimated Flow Rate	SWL
420	426	200	20
438	460	600	20
490	500	600	20
526	546	8 to 900	0

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Top Soil	0	7	
River Run Gravel & Clay	7	46	
Cemented Gravel	46	117	20
Cemented Gravel w/ Breaks	117	174	20
Blue sticky Clay	174	384	20
Sand & Clay	384	420	20
Clean sand w/B	420	426	20
Clay & Sand (Blue)	426	438	20
Clean sand w/B	438	460	20
Clay & Sand (Blue)	460	490	20
Clean coarse sand w/B	490	500	20
Blue Clay & Sand	500	526	20
Clean coarse sand w/B	526	546	0
Clay (Blue) sticky	546	550	0

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MAY 21 1996

Date started 9-10-94 Completed 3-5-95
WATER RESOURCES DEPT. SALEM, OREGON

I certify that work 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.

WWC Number _____
Signed _____ 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.

WWC Number 415
Signed Robert V. Stoff Date 3-4-95