

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

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 2533

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MAR 17 1995

2s/39e/30d
 pg. 1

WATER RESOURCES DEPARTMENT (START CARD) # W 68877

(1) OWNER: Dwight & Roben Arnoldus (Trico Farms)
 Well Number Tagged 1
 Name Dwight & Roben Arnoldus (Trico Farms)
 Address 66911 Hunter Rd.
 City Summerville State OR Zip 97376

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other Reverse Circulation Rotary

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 272 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
28"	0 272	Cement	0 36	5 sack	
		grout		grout	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material Pea gravel
 Gravel placed from 36 ft. to 272 ft. Size of gravel 3/8 minus

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	95	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	115	135	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	145	160	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	190	210	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	no liner used			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) none used

(7) PERFORATIONS/SCREENS:
 Perforations Method Wire Wrap
 Screens Type Houston Material Mild steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
95	115	30	MS	16"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
135	145	30	MS	16"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
160	190	30	MS	16"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
210	230	30	MS	16"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
235	265	30	MS	16"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min 800gpm Drawdown 175 Pump Column Time 8 hr.
Drill stem at

800gpm	175	200	8
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Temperature of Water Cold Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom none done
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other good water
 Depth of strata: _____

SALEM, OREGON
 (9) LOCATION OF WELL by legal description:
 County Union Latitude 45 N Longitude 1017 W
 Township 2 S N or S. Range 39 E E or W. WM. _____
 Section 30 S E 1/4 S E 1/4
 Tax Lot 12000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
65000 Booth Lane

(10) STATIC WATER LEVEL:
3 ft. below land surface. Date 2-12-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 5 FT

From	To	Estimated Flow Rate	SWL
95	115	approx 160 gpm	
135	145	approx 160 gpm	
160	190	approx 160 gpm	
210	230	approx 160 gpm	

(12) WELL LOG:
 Ground elevation 2788 approx.

Material	From	To	SWL
Brown Dirt	0	5	5'
Blue sand & gravel	5	25	
Brwon gravel	25	30	
Brown clay	30	65	
Brown sandy clay	65	75	
Blue clay/w/strips sand	75	115	
Blue clay	115	120	
Sand & blue clay mix	120	125	
Blue clay	125	135	
Sandy blue clay	135	145	
Blue clay	145	155	
strips sand & blue clay	155	190	
Blue clay	190	210	
strips sand & blue clay	210	230	
Blue clay	230	235	
strips blue clay & sand	235	265	
Blue clay	265	272	

Date started 2-8-95 Completed 2-11-95

(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 _____ 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1634
 Date _____

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W10 2533

WATER RESOURCES DEPARTMENT (START CARD) # W 68877 SALEM, OREGON

pg. 2

(1) OWNER: Well Number Tarrered 1 Name Dwight & Roben Arnoldus (trico farms) Address City State Zip

(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 ft. Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, SEAL From, To, Material, Amount sacks or pounds

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Perforations Method Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time

Temperature of Water Depth Artesian Flow Found Was a water analysis done? 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 Latitude Longitude Township N or S. Range E or W. WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation

Table with columns: Material, From, To, SWL

Date started Completed

(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 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 well construction standards. This report is true to the best of my knowledge and belief. Signed WWC Number Date