

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 33787

START CARD # W127590

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

(1) OWNER: Well Number 3
Name Stockoff Farms, Inc.
Address 10600 Starr Quarry Road
City Dayton State OR Zip 97114

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other No Drilling

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

(5) BORE HOLE CONSTRUCTION: Verbal 5/4/00
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds
			<u>No Changes</u>			
			<u>#YAMH065</u>			

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:				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:

Perforations Method _____
 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"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
*As noted on Original Well Report 1 hr.

Temperature of water ~55° F * 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 Yamhill Latitude - Longitude -
Township 5S N or S Range 4W E or W WM.
Section 1 SE 1/4 NW 1/4
Tax Lot 5401 - 900 Block - Subdivision -
Street Address of Well (or nearest address) 10600 Starr Quarry Road, Dayton, OR 97114

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date June 8, 2000
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found see (10)

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Original well report YAMH065.</u>			
<u>Original start card 16863</u>			
<u>A 1/8 inch thick by 4 foot long stainless steel sleeve was swaged in place over some holes and a possible weld Break in the 12 inch casing at 119 feet.</u>			

RECEIVED

JUL 10 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started May 16, 2000 Completed June 8, 2000

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number 1570
Date 7/5/00

(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.

Signed _____ WWC Number 649
Date 7/7/00