

RECEIVED

WELL I.D.# L10389

STATE OF OREGON JUN 19 1997 APR - 8 1997
WATER SUPPLY WELL REPORT
 (as required by ORS 473.010) WATER RESOURCES DEPT.
 Instructions for completing this report are on page 2.

Clac
51592

(START CARD) # 095316

(1) OWNER: Well Number 421

Name VanHise Nursery
 Address 30686 SE Waybill Rd.
 City Boring State OR. Zip 97009

(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 525 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds		
14	0	60	cement	0	60	24		
12	60	268	cement	x60	268	38		
8	268	570						

cemented between 8" & 10" casing used
 42 sacks
 cemented plug in at 525 to 570 sand
 heaving up into the hole

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:	10	+2	260	1/2	☒	☐	☒	☐
	8	0	570	1/4	☒	☐	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) 570 under

(7) PERFORATIONS/SCREENS:

☒ Perforations		Method <u>air</u>					
☐ Screens		Type _____					
		Material _____					
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
400	460	1/1/4	1200	8		☒	☐
500	520	1/1/4	400	8		☒	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
500		400	1 hr.

Temperature of water 56 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 Clack. Latitude _____ Longitude _____
 Township 1 N or S Range 4 E or W. WM.
 Section 29 SW 1/4 SW 1/4
 Tax Lot 1102 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same as above

(10) STATIC WATER LEVEL:

163 ft. below land surface. Date 2/20/97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 70

From	To	Estimated Flow Rate	SWL
70	180	50	70
x 165	230	100	71
340	530	500	163

(12) WELL LOG:

Material	From	To	SWL
clay brown	0	20	
clay gray	20	35	
gravel	35	150	70
gravel cemented gray	150	180	
gravel	180	230	71
gravel cemented gray	230	260	
clay gray	260	340	
sand cemented gray	340	350	163
sand gray/black	350	365	"
sand cemented gray	365	390	"
gravel	390	430	"
gravel/sand gray	430	495	"
gravel	495	505	"
gravel/sand gray	505	520	"
sand cemented brown	520	525	"
sand brown heaving	525	570	

Date started 1/27/97 Completed 2/28/97

(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.

WWC Number 1622
 Signed [Signature] Date 3/3/97

(bonded) Water Well Constructor Certification:

I accept full 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 663
 Signed [Signature] Date 3/3/97