

CLAC
53863

146 L11370

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

92370

(START CARD) #

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

(1) OWNER: Well Number _____
Name Harley Higgins and Sun Nursery
Address 24051 Airport Rd Ne
City Aurora State Or Zip 97002

(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 183 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds lb sacks
Diameter	From	To	Material	From	To	
10	1	33	Bentonite	1	33	
6	33	183				

How was seal placed: Method A B C D E
 Other Granular Bentonite Method
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: _____	0	163	23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: _____	5	141	183	CL 160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 163

(7) PERFORATIONS/SCREENS:

Perforations Method slotted Material pvc
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
169	179	.025			5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
179	183	.030			5	<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
80	20	pump	4 hr

Temperature of water 52 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 Clackamas Latitude _____ Longitude _____
Township 35 N or S Range 1w E or W. WM.
Section 35 Se 1/4 Ne 1/4
Tax Lot 402 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
same

(10) STATIC WATER LEVEL:
74 ft. below land surface. Date Mar 31
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	183		74

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gravel fill	1	2	
Clay, brown, sandy	2	20	
Clay, brown	20	57	
Clay, grey, silty	57	67	
Sand, brown, heaving	67	72	
Clay, grey silty	72	132	
Sand & gravel brown	132	138	
Sand & gravel black	138	142	
Sand & gravel brown	142	179	
Sand & gravel black	179	181	
Clay, blue	181	183	

RECEIVED
OCT 09 1998
WATER RESOURCES DEPT.
SALEM, OREGON
Mar 12 Mar 31, 1997

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 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 _____
Signed [Signature] Date 10/5/98