

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

WATER RESOURCES DEPT.

(START CARD) # 76270

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

SALEM, OREGON

(1) OWNER: Well Number _____
Name Clomer L. or Jeanette Harrison
Address P.O. Box 551
City Mt. Vernon State OR Zip 97865

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	30	Bentonite	0	135	32 sacks
8"	30	135				
6"	135	154				

How was seal placed: Method A B C D E
 Other Poured $\frac{3}{8}$ " bentonite

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:	6"	1	135	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 135

(7) PERFORATIONS/SCREENS:

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 50 Drawdown _____ Drill stem at 154 Time 1 hr.
Temperature of water 580 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 Grant Latitude _____ Longitude _____
Township 13S N or S Range 29E E or W. WM.
Section 23 NW 1/4 SE 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4 miles west of Mt. Vernon on County Rd. 46

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 10-9-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 107

From	To	Estimated Flow Rate	SWL
107	154	50	65

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay soil with boulders	0	8	
Clay with gravel	8	71	
Brown clay	71	107	
Brown clay with gravel	107	154	WB

Date started 10-9-96 Completed 10-9-96
(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 _____ 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.
Signed Patrick Wallace WWC Number 1218 Date 10-22-96