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

WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 89012

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

(1) OWNER: City of Harrisburg Well Number \_\_\_\_\_ Name \_\_\_\_\_ Address P.O. Box 378 City Harrisburg State OR Zip 97446

(2) TYPE OF WORK: [X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD: [ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Other

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 395 ft. Explosives used [ ] Yes [X] No Type \_\_\_\_\_ Amount \_\_\_\_\_

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Row 1: 20", 0, 395, Cement, 0, 295, 14 vds

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E [ ] Other Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Gravel placed from 295 ft. to 395 ft. Size of gravel 3/8

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner. Includes rows for Perforations and Screens.

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Pump, Railer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time.

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 LINN Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Township 15 N or S Range 4 E or W WM. Section 16 SW 1/4 SW 1/4 Tax Lot 400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Street Address of Well (or nearest address) S. of Hwy 99E & W. of 2nd Street - Harrisburg, OR

(10) STATIC WATER LEVEL: 22 ft. below land surface. Date 7-20-96 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES: Depth at which water was first found 4-20'

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 371, 389, 475, 22

(12) WELL LOG: Ground Elevation \_\_\_\_\_

Well Log Table with columns: Material, From, To, SWL. Rows: Brown Clay, Large Gravel, Gravel & Clay, Blue Clay, Brown Sand, Gray Clay, Brown Sand, Blue Clay, Gray Clay and Gravel, Blue Clay - Soft w/gravel, Blue Clay - Sticky w/gravel, Sandy Gray Clay, Fine gravel and clay, Mod. gravel and clay, Blue clay, Fine Sand, wood and clay, Clay and gravel, Sand, clay and gravel, Sand and gravel, Blue Clay.

Date started 6-21-96 Completed 7-21-96

(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 Ryan B. Stapp WWC Number 1358 Date 7-29-96

(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 Ryan B. Stapp WWC Number 1358 Date 7-29-96

July 18, 1996

WATER  
RESOURCES  
DEPARTMENT

Chuck Stadel  
STACO Well Services  
220 Academy Street  
Mt. Angel, OR 97362

Dear Chuck:

Please find enclosed a copy of the following approved special standard:

1. City of Harrisburg (start card number 89012)

If you have any questions concerning this letter, please contact me by phone at (541) 396-3121 x388, by fax at (541) 396-6233 or by letter at 290 N Central Street, Coquille, OR 97423.

Sincerely,

Rob Carter  
Well Construction Specialist

cc: Richard Edwards, Well Inspector

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**LINN 50455**

*Oregon Water Resources Department*

**REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240**

Before request can be considered, the following must be answered. Requests shall be submitted to the Well Construction Specialist, Water Resources Department. Requests may also be considered by the appropriate Regional Manager.

Date of Request: July 16, 1996

Bonded Well Constructor (name, license and mailing address): Chuck Stadel, 723  
220 Academy Street, Mt. Angel, OR 97362

1. Location of Well: SW 1/4 SW 1/4 of Section 16  
Township 15S Range 4W Linn County  
Address at well site: South of Hwy 99E and West of 2nd Street, Harrisburg, OR

2. Start Card Number(s): 89012

3. Name and Address of Land Owner: City of Harrisburg  
P.O. Box 378, Harrisburg, OR 97446

4. The distance to the nearest well, septic tank or drainfield (if water supply well):  
Unknown

4. The unusual conditions which necessitate this request Loss of grout, difficulty with  
pumping grout through small tremies, larger than required annulus (20-inch borehole  
with 12-inch casing)

5. The proposed construction methods that the well constructor believes will be adequate for this well (attach additional pages if needed). We have a 20-inch boring  
utilizing mud rotary method from land surface to 390 feet. 12-inch well screen placed  
from 390-370', filter pack material placed from 390 to 295', cement grout with sand  
mix (35 #'s per yard) placed from 295-150'. We are requesting a variance to place  
same grout mixture from 150 to surface.

W-5m

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- 7. Diagram showing the pertinent features of the proposed well design and construction (attach additional pages if needed):

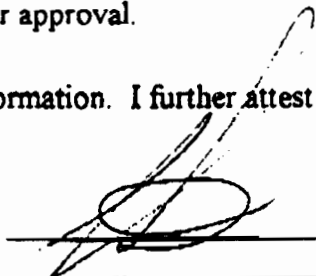
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**PLEASE NOTE:**

- 1. If approved, all other phases of well construction must comply with the appropriate standards described in OAR 690-200 through 690-240.
- 2. If it should be determined at some future date that the well, due to its construction, is allowing groundwater contamination, waste or loss of artesian pressure, the above signed shall return to the site and rectify the problem.
- 3. If verbal approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of verbal approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

**Bonded Constructor Signature:**




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*For Water Resources Department Use Only*

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Denied by: \_\_\_\_\_

Remarks: \_\_\_\_\_