

3

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

LINN 59410

WELL LABEL # L 104164
START CARD # 206560
ORIGINAL LOG #

Wm
59410

(1) LANDOWNER

Owner Well I.D.

First Name Leroy Last Name Kropf
Company
Address 24305 Powerline Rd
City Harrisburg State OR Zip 97446

(2) TYPE OF WORK ☒ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.

Seal Material _____

Casing Type: ☐ Steel ☐ Plastic ☐ Other _____

Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Auger

☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☒ Domestic ☒ Irrigation ☐ Community

☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection

☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 59 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE

SEAL

Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0'	18'	Bentonite	0'	18'	9	scks
6"	18'	59'					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Bentonite placed @ 1 sck per 5 min rate

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	1'	59'	.250	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) none

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method air perforator

Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X	X				22'	45'	1/2"	1"	1260	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem Pump depth Duration (hr)

35 gpm 59' 1 hr

Temperature 56 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From To Description Amount Units

JAN 24 2011

(9) LOCATION OF WELL (legal description)

County Linn Twp 14S N or S Range 04W E of W.M.

Sec 35 SW 1/4 of the SE 1/4 Tax Lot 1400

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) NE corner of Hwy 99E & Substation Rd Intersection/East of RR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	10-7-10			16'

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 22'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-7-10	22'	45'	35 gpm			16'

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2'
Brown Clay	2	14'
Cemented Gravel	14	16'
Gravel + Sand	16	45'
Brown clay	45	49'
Brown Sand	49	54'
Blue Clay	54	59'

RECEIVED

NOV 08 2010

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-7-10 Completed 10-7-10

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 751 Date 10-7-10

Signed Donald J. Loving

Contact Info. (optional)

Mid Valley Drilling Inc

541-847-5470 Joe Loving

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START CARD # 206560

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Owner Well I.D.

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Company _____
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City HARRISBURG State OR Zip 97446

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☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.

Seal Material _____

Casing Type: ☐ Steel ☐ Plastic ☐ Other _____

Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD ☒ Rotary Air ☐ Rotary Mud ☐ Auger

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(4) PROPOSED USE ☒ Domestic ☒ Irrigation ☐ Community

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Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) none

Temporary casing ☐ Yes Diameter _____ From _____ To _____

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Perforations Method air perforator

Screens Type _____ Material _____

Perf	Sern	Csg	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
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☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem Pump depth _____ Duration (hr) _____

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From _____ To _____ Description _____ Amount _____ Units _____

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Date _____ SWL (psi) _____ + _____ SWL (ft) _____

Existing Well/Pre-Alteration _____

Completed Well 10-7-10 16'

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 22'

SWL Date _____ From _____ To _____ Est Flow _____ SWL (psi) _____ + _____ SWL (ft) _____

10-7-10 22' 45' 35gpm _____ 16'

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

(11) WELL LOG

Ground Elevation _____

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