

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 44120
START CARD # 169154

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

(1) LAND OWNER AREL FARM'S Well Number _____
Name _____
Address P.O. Box 12062
City EUGENE State ORE Zip 97440

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

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0'	25'	CEMENT	0'	25'	25
6"	25'	90'				

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

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"	41'	90'	250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 90'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method MILLS KNIFE
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
73'	75'	1/2" x 1/2"	10			☒	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

18 GPM	10'		1 hr.
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Temperature of water 53° Depth Artesian Flow Found _____Was a water analysis done? ☒ NO ☐ Yes By whom _____Did any strata contain water not suitable for intended use? ☒ NO ☐ 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 1/4 SE 1/4 NW
Tax Lot _____ Lot _____ Block _____ Subdivision _____Street Address of Well (or nearest address) 1190 SOUTH 6TH STREET HARRISBURG, ORE.

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date 6-12-12
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
54'	74'	50 GPM	15

(12) WELL LOG:

Ground Elevation -0-

Material	From	To	SWL
CRAshed ROCK	0'	1'	
BROWN CLAY	1'	3'	
CEMENTED SAND+GRAVEL	3'	25'	
SAND+GRAVEL WITH CLAY	25'	34'	
BROWN SANDY CLAY	34'	52'	
SAND+GRAVEL WITH CLAY-TIGHT	52'	54'	
BROWN SANDY CLAY	54'	56'	15'
SOFT	56'	63'	↓
BROWN SAND AND SOME GRAVEL-SOFT	63'	75'	15'
GRAY SAND AND SOME GRAVEL-LOOSE	75'	90'	
BLUE SANDY CLAY-SOFT			

Date started JUNE 6-2012 Completed JULY 24-2012

(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 Clayton Haas WWC Number 502
Date 7-26-12