

STATE OF OREGON
WATER SUPPLY WELL REPORT

LINN 65034

WELL I.D. LABEL# L

154511

START CARD #

1077996

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

11/19/2025

(1) LAND OWNER

Owner Well I.D. 9

First Name _____ Last Name _____

Company CITY OF HARRISBURG

Address 120 SMITH STREET

City HARRISBURG State OR Zip 97446

(2) TYPE OF WORK☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☒ Reverse Rotary ☒ Other CASING ADVANCE

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☒ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)

Depth of Completed Well 235.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	238	Cement	0	187	200	S
					Calculated	77	
			Bentonite Pellets	187	189	50	P
					Calculated	50	

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☐ Other:

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

Filter pack from 187 ft. to 191 ft. Material FINE SAND Size Fine

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 10/21/2025 Begin Time 13:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	12	<input checked="" type="checkbox"/>	2	235	0.375	ST	<input checked="" type="checkbox"/>			

Temp casing ☐ Yes Dia _____ From+ _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type V-Shaped Wire wrap Material 304SS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Casing	12	210	230	50			Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	439	130	200	4

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 319 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 15.00 S N/S Range 4.00 W E/W WM

Sec 4 SW 1/4 of the SE 1/4 Tax Lot 600

Tax Map Number _____ Lot _____

Lat _____ " or 44.29023400 DMS or DD

Long _____ " or -123.17692600 DMS or DD

☒ Street address of well ☐ Nearest address

23914 PEORIA RD HARRISBURG OR 97446

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	11/6/2025			16
Flowing Artesian?	<input type="checkbox"/>			
Dry Hole?	<input type="checkbox"/>			

WATER BEARING ZONES

Depth water was first found 72.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/10/2025	72	151	20			16
11/5/2025	215	229	500			16

(11) WELL LOG

Ground Elevation 304.40 FT

Material	From	To
Clay, brown, with some gravels	0	8
Gravels, with light clay binder	8	45
Gravels, with soft brown clay binder	45	61
Sand, and gravels, with light clay binder	61	72
Sand, and small gravels	72	80
Clay, grey, sticky	80	91
Sand, and small gravels	91	109
Sand, grey, fine	109	115
Clay, grey, soft	115	117
Sand, with small gravels	117	124
Sand, dark grey, coarse, with binder	124	140
Sand, with wood	140	145
Sand, with gravel, and wood	145	150
Gravel, with clay, blue, soft	150	151
Clay, blue, soft	151	167
Clay, grey, soft	167	191
Clay, green, medium	191	199
Clay, brown, medium with some gravels	199	206
Clay, grey, medium hard	206	215

Construction

Begin Date 6/25/2025 Begin Time 08:00 End Date 11/6/2025

(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 2077 Date 11/18/2025

Signed MIKE MINGAY (E-filed)

(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 1988 Date 11/19/2025

Signed ERIC SCHNEIDER (E-filed)

















Drilling Company: Schneider Water Services

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								
								

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
					Calculated	
					Calculated	
					Calculated	
					Calculated	

FILTER PACK			
From	To	Material	Size
191	238	SILICA SAND	8/12

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#
SLADE AUEL	HELPER WATER	8889010
CHAD DAHL	HELPER WATER	8888989
DARREN GONZALES	HELPER WATER	8888979
KENNEDY HOFFMAN	HELPER WATER	8889011

Comments/Remarks

Bottom has 3/8" plate welded to the bottom of casing. Drilled with casing advance. Temporary casing was then pulled back and exposed for filter packing as well as sealing.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

LINN 65034

11/19/2025

Map of Hole

