

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

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

(WELL I.D.)# L 84661

(START CARD) # 186 295

(1) OWNER: Well Number _____
Name JACK HORTON
Address 1087 MORGAN AVE.
City ONTARIO State OR Zip 97914

(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 175 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>12</u>	<u>0</u>	<u>18</u>	<u>BENTONITE</u>	<u>0</u>	<u>18</u>	<u>21</u>
<u>6</u>	<u>18</u>	<u>40</u>				
<u>10</u>	<u>40</u>	<u>47</u>	<u>CEMENT</u>	<u>40</u>	<u>47</u>	<u>4</u>

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:	<u>6</u>	<u>11</u>	<u>49</u>	<u>14</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Material			
		Type		Tele/pipe size			
From	To	Slot size	Number	Diameter	Size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
<u>50</u>	<u>39'</u>	<u>80</u>	<u>2 1/4 hr</u>

Temperature of water 57 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: 34-40

(9) LOCATION OF WELL by legal description:

County MARION Latitude _____ Longitude _____
Township 17S N or S Range 46E E or W WM.
Section 31 SW 1/4 SW 1/4
Tax Lot 3920 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HALLIDAY RD. VARE OR 97918

(10) STATIC WATER LEVEL:

32 ft. below land surface. Date 9-3-06
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
<u>34</u>	<u>40</u>		<u>32</u>
<u>160</u>	<u>175</u>		<u>32</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>CLAY BROWN SANDY</u>	<u>0</u>	<u>4</u>	
<u>CLAY BROWN</u>	<u>4</u>	<u>34</u>	
<u>CLAY BROWN, GRAVEL STREAKS</u>	<u>34</u>	<u>40</u>	<u>32</u>
<u>CLAY BLUE</u>	<u>40</u>	<u>160</u>	
<u>CLAY BLUE FRACTURED SAND STREAKS</u>	<u>160</u>	<u>175</u>	<u>32</u>

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SEP 07 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date started 8-29-06 Completed 9-3-06

(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 Alan W. Heston WWC Number _____ Date 9-4-06

(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 Alan W. Heston WWC Number 706 Date 9-4-06