

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

MAR 1
50403

RECEIVED

APR 05 1996

(START CARD) # 86698

Instructions for completing this report are on the last page of this WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number _____
Name NORTHWEST FLORICULTURE CO.
Address 23085 BENTS RD., NE
City AURORA State OR Zip 97002

(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 365 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
14	0	47	Cement	0	47	15 SKS+GEL
10	47	160				
8	160	365				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 140 ft. to 160 ft. Material BENT. CHIPS
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1	47	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	+1	285	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 7 1/2" ID SHOE @ 285'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Case	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
300+		350	1 hr.
300+		280	"

Temperature of water 54°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
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 MARION Latitude _____ Longitude _____
Township 4S N or S Range 1W E or W. WM.
Section 6 SE 1/4 NE 1/4
Tax Lot 001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10499 CHAMPOEG RD.
AURORA, OR

(10) STATIC WATER LEVEL:
90 ft. below land surface. Date 03/31/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 120/285

From	To	Estimated Flow Rate	SWL
<u>285</u>	<u>365</u>	<u>300+</u>	<u>90</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown clay, sticky	0	10	
Brown silty clay, occ. fine brown sand	10	30	
Gray-brown clay, w/rotten rock	30	34	
Black&brown basalt, weath.	34	38	
Black & brown basalt	38	90	
Brown basalt	90	108	
Black&brown basalt, frac.	108	120	
Red-brown basalt & lava broken	120	135	90
Black&brown basalt, occ. very broken	135	175	
Gray-black basalt, hard, fractures	175	195	
Brown basalt, ash&clay interbeds	195	210	
Black&brown basalt, brkn	210	260	
Gray-black basalt, frac.	260	340	
Black&brown basalt, broken	340	365	90

Date started 03/19/96 Completed 03/31/96

(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.
WWC Number _____
Signed _____ 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.
WWC Number 573
Signed _____ Date 04/01/96

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