

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111609

START CARD # 208978

(1) LAND OWNER Owner Well I.D. _____

First Name Thomas H. Last Name DeArmond
 Company _____
 Address 18381 Boones Ferry Rd. NE
 City Hubbard State OR Zip 97032

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community

Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)

Depth of Completed Well 130 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	37	Bentonite	0	37	27	S
16	37	130					

How was seal placed: Method A B C D E

Other OAR 690-210-0340

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

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing/Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	12	2.5	128.7	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	16	1	69	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 69

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type v-wire Material stainless

Perf/S	Casing/Screen	Screen	Slot	# of	Tele/	
creen	Liner	Dia	width	slots	pipe size	
Screen		12	70	100.66	.09	12

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

<input checked="" type="radio"/> Pump	<input type="radio"/> Bailer	<input type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100	37		2
150	63		2

Temperature 53 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 4 S N/S Range 1 W E/W WM
 Sec 10 SW 1/4 of the SW 1/4 Tax Lot 700
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Ehlen Rd. Aurora, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>05-07-2014</u>		<u>37</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 69

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
02-03-2014	69	81	65		32
02-05-2014	86	102	65		32

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	1
Clay brown	1	21
Clay gray & brown	21	28
Clay gray, silty	28	57
Clay green & gray silty	57	64
Sand & gravel suspended in gray clay	64	66
Clay sandy gray	66	69
Sand brown, trace gravel	69	81
Clay sandy brown	81	86
Sand brown	86	92
Sand brown (80%), gravel	92	102
Clay brown, some sand	102	114
Clay green, gray & brown	114	122
Clay gray & brown	122	125
Clay brown hard	125	128
Clay gray hard	128	130
Basalt black vesicular	130	

Date Started 01-21-2014 Completed 05-07-2014

(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 1704 Date _____

Password: (if filing electronically) _____

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 783 Date 5-23-14

Password: (if filing electronically) _____

Signed [Signature]

Contact Info (optional) Grossen Well Drilling (503) 982-2060

ORIGINAL WATER RESOURCES DEPARTMENT

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

