

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

MARI 69050

1/27/2020

WELL I.D. LABEL# L 132874
 START CARD # 1043787
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. 132874
 First Name HENRY & BRAD Last Name HAZENBERG
 Company _____
 Address 5828 CHAMPOEG RD.
 City ST. PAUL State OR Zip 97137

(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 Thrld
 Material From To Amt sacks/lbs
 Seal: _____

(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 321.58 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	
20	0	37	Bentonite Chips	0	37	44	S
16	37	321.58			Calculated	44	
					Calculated		

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 280 ft. to 318 ft. Material CSS & PEA Size 4/9Explosives used: ☐ Yes Type _____ Amount _____**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	1.25	280.3	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	321.58	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 280.3Temp casing ☐ Yes Dia _____ From _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type v wire _____ Material stainless _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	12	281.25	311.75	.07			
Screen	Liner	12	311.75	317.9	.25			

(8) WELL TESTS: Minimum testing time is 1 hour☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800	75.8	275	4

Temperature 53 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 86 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County MARION Twp 4.00 S N/S Range 2.00 W E/W WMSec 9 NW 1/4 of the NW 1/4 Tax Lot 1300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

RIVER RD. ST. PAUL

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	10/22/2019			129

Flowing Artesian? ☐ Dry Hole? ☐WATER BEARING ZONES Depth water was first found 52.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/5/2019	257	261				122
8/8/2019	284	319				129

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	1
Clay, brown, med.	1	19
Clay, greenish gray, soft	19	52
Sand, black, fine, dark gray silt	52	87
Silt, dark gray, dense, sandy	87	102
Clay, dark green, med. sticky	102	110
Clay, dark green and gray, med.	110	116
Silt, dark green, dense	116	118
Silt, dark greenish gray, sandy	118	126
Clay, dark greenish gray, sandy	126	145
Clay, dark greenish gray, hard, sticky	145	159
Clay, greenish gray, hard sticky	159	172
Clay, greenish gray & light brown, med.	172	177
Clay, light brown, soft	177	179
Clay, brown, sandy	179	186
Clay, dark greenish gray, sandy, hard	186	196
Clay, dark greenish gray, hard, sticky	196	213
Clay, dark greenish gray, sandy	213	227
Clay, dark greenish gray, hard, sticky	227	251

Date Started 7/16/2019 Completed 10/22/2019**(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 _____ Date _____

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 1/27/2020Signed IVAN GROSSEN (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Comments/Remarks