

STATE OF OREGON  
WATER SUPPLY WELL REPORT

MARI 71513

WELL I.D. LABEL# L

143598

START CARD #

1075131

ORIGINAL LOG #

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

3/3/2025

## (1) LAND OWNER

Owner Well I.D. 6

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company CITY OF AURORA  
Address 21420 MAIN STREET  
City AURORA State OR Zip 97002

## (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 \_\_\_\_\_

## (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 262.00 ft.

| BORE HOLE |      |     | SEAL            |      |            | sacks/ |
|-----------|------|-----|-----------------|------|------------|--------|
| Dia       | From | To  | Material        | From | To         | lbs    |
| 16        | 0    | 130 | Cement          | 0    | 8          | 3      |
| 12        | 130  | 285 |                 |      | Calculated | 5      |
|           |      |     | Bentonite Chips | 8    | 37         | 52     |
|           |      |     |                 |      | Calculated | 20     |

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POUR & PROBE BENT

Backfill placed from 262 ft. to 285 ft. Material SLOUGH &amp; SIL SND

Filter pack from 175 ft. to 285 ft. Material SILICA SAND Size 8x16

Explosives used: ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_

Seal Placement Begin Date 11/13/2024 Begin Time 11:00

## (5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

## (6) CASING/LINER

| C/L | Dia | +                                   | From | To  | Gauge | Mat. Type | Wld                                 | Thrd | Shoe | Shoe Location |
|-----|-----|-------------------------------------|------|-----|-------|-----------|-------------------------------------|------|------|---------------|
| C   | 12  | <input checked="" type="checkbox"/> | 2    | 185 | 0.375 | ST        | <input checked="" type="checkbox"/> |      | OUT. | 285           |
| L   | 8   |                                     | 176  | 180 | 0.312 | ST        | <input checked="" type="checkbox"/> |      |      |               |
| L   | 8   |                                     | 210  | 226 | 0.312 | ST        | <input checked="" type="checkbox"/> |      |      |               |
|     |     |                                     |      |     |       |           |                                     |      |      |               |
|     |     |                                     |      |     |       |           |                                     |      |      |               |

Temp casing ☒ Yes Dia 16 From + 0 To 130

## (7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type V-Shaped Wire wrap Material 304SS

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To  | Scrm/slot width | Slot length | # of slots | Tele/ Pipe size |
|--------------|---------------|------------|------|-----|-----------------|-------------|------------|-----------------|
| Screen       | Liner         | 8          | 180  | 210 | 50              |             |            | Pipe Size       |
| Screen       | Liner         | 8          | 226  | 252 | 50              |             |            | Pipe Size       |
| Screen       | Liner         | 8          | 252  | 262 | 0               |             |            | 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         | 85              | 90       | 160                    | 18            |
| Pump         | 123             | 54       | 218                    | 0.8           |

Temperature 55 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 150 ppm  
From To Description Amount Units

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |

## (9) LOCATION OF WELL (legal description)

County MARION Twp 4.00 S N/S Range 1.00 W E/W WM

Sec 11 NE 1/4 of the SE 1/4 Tax Lot 100

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 45.23656624 DMS or DD

Long \_\_\_\_\_ " or -122.76441968 DMS or DD

☒ Street address of well ☐ Nearest address

21901 COLE LN NE, AURORA OR 97002

## (10) STATIC WATER LEVEL

|                                | Date                     | SWL (psi) | + | SWL (ft) |
|--------------------------------|--------------------------|-----------|---|----------|
| Existing Well / Pre-Alteration |                          |           |   |          |
| Completed Well                 | 2/1/2025                 |           |   | 62       |
| Flowing Artesian?              | <input type="checkbox"/> |           |   |          |
| Dry Hole?                      | <input type="checkbox"/> |           |   |          |

WATER BEARING ZONES

Depth water was first found 62.00

| SWL Date | From | To  | Est Flow | SWL (psi) | + | SWL (ft) |
|----------|------|-----|----------|-----------|---|----------|
| 2/1/2025 | 62   | 112 | 150      |           |   | 62       |
| 2/1/2025 | 178  | 252 | 150      |           |   | 62       |
|          |      |     |          |           |   |          |
|          |      |     |          |           |   |          |

## (11) WELL LOG

Ground Elevation \_\_\_\_\_

| Material                                 | From | To  |
|------------------------------------------|------|-----|
| Gravel and topsoil                       | 0    | 2   |
| Clay, brown, some silt                   | 2    | 35  |
| Clay, tan, silty                         | 35   | 53  |
| Sand, brown, medium                      | 53   | 78  |
| Clay, grey                               | 78   | 85  |
| Sand, black, medium                      | 85   | 108 |
| Gravel                                   | 108  | 111 |
| Gravel with some clay                    | 111  | 112 |
| Clay, green and grey, medium             | 112  | 140 |
| Clay, green and grey, sticky             | 140  | 172 |
| Clay, grey, sandy                        | 172  | 178 |
| Sand, black, medium                      | 178  | 192 |
| Sand, coarse, with some wood             | 192  | 211 |
| Clay, grey, with layers of cemented sand | 211  | 223 |
| Sand, medium, some wood                  | 223  | 230 |
| Clay, grey, sticky                       | 230  | 240 |
| Sandstone, tan and grey                  | 240  | 252 |
| Clay, grey, sticky, some sand            | 252  | 285 |

Construction

Begin Date 9/6/2024 Begin Time 08:00 End Date 2/1/2025

## (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 1772 Date 2/19/2025

Signed WILLIAM WRIGHT (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 3/3/2025

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.

3/8" plate welded on bottom of liner assembly.  
Second pump test for .8 hrs was done with an airlift.

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

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3/3/2025

## Map of Hole

