

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

WELL LABEL # L 107436

START CARD # 1023023

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

First Name Chris Last Name Heffernan
 Company North Slope Farms
 Address 63600 View Point Ln
 City North Powder State OR Zip 98767

(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 496 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
24	0	142	Cement	0	30	66	S
12	142	496		140	142	4	S

How was seal placed: Method A B C D E
 Other _____

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

Filter pack from 30 ft. to 140 ft. Material silica sand Size 8/12

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	18	2	36	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	18	46	55	375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	18	60	64	375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	18	69	99	375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	18	139	142	375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type wire wrap Material SS 304

Perf/S	Casing/ Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	18	36	46	.06				
Screen	Casing	18	55	60	.06				
Screen	Casing	18	64	69	.06				
Screen	Casing	18	99	139	.06				

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,000	74	105	1
1,000	82	105	3
1,000	91	105	8

Temperature 41 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County UNION Twp 5 S N/S Range 39 E E/W WM
 Sec 34 SW 1/4 of the NW 1/4 Tax Lot 2700
 Tax Map Number _____ Lot _____
 Lat _____ " or 0 DMS or DD
 Long _____ " or 0 DMS or DD
 Street address of well Nearest address

0.5 miles south of Olsen rd on east side of Bagwell rd

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	06-16-2014		8

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 37

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
06-10-2014	36	139			8

(11) WELL LOG

Ground Elevation 3,350

Material	From	To
Clays and little sand	0	27
River gravels and sand	27	30
Clay and sand	30	37
Coarse sand	37	44
Sand and clay	44	56
Medium sand	56	58
Coarse sand	58	59
Clay	59	67
Coarse sand	67	70
Blue clay	70	100
Fine, coarse super coarse back to fine sand	100	138
Dark brown muck	138	140
Blue sticky clay	140	244
Black clay with some sand(6x9)	244	250
Blue grey clay	250	330
Basite black red, brkn soft into med	330	347
Basite black red, brkn med w/ blue claystone seams	347	350
Basite black red, med	350	364.5
Basite black red, brkn med w/ blue claystone seams	364.5	496

Date Started 05-14-2014 Completed 06-16-2014

(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 _____ 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 1937 Date 07-20-2014

Password : (if filing electronically) _____

Signed _____

Contact Info (optional) _____

NOV 10 2014

ORIGINAL - WATER RESOURCES DEPARTMENT

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

