

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

MAY 28 1996

(START CARD) # 86703

(1) OWNER: Well Number _____
Name QUAIL VALLEY GOLF COURSE
Address 12565 NW AERTS RD.
City BANKS State OR Zip 97106

(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 640 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
14-3/4"	0	312	Cement	0	90	35 SKS	
			Cement	280	312	20 SKS	
10"	312	640					

How was seal placed: Method ☐ A ☒ B ☒ C ☐ D ☐ E
☐ Other _____
Backfill placed from 90 ft. to 280 ft. Material Hivisc Gel & 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	312	250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐
				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
300+ _____ 280 _____ 1 hr.
200 _____ 180 _____ "
180 _____ 100 _____ "

Temperature of water 56 °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 WASHINGTON Latitude _____ Longitude _____
Township 2N N or S Range 3W E or W. WM. _____
Section 31 NW 1/4 SE 1/4 _____
Tax Lot 00100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 12565 NW AERTS RD
BANKS, OR

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 05/20/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 340

From	To	Estimated Flow Rate	SWL
340	465	100 GPM	18
515	575	100 "	18
575	630	100+GPM	18

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Dark brown clay	1	4	
Sticky brown clay	4	16	
Sticky gray-brown clay	16	94	
Sticky red-brown clay	94	156	
Decomp. brown basalt, occ. clay interbeds	156	283	
Soft brown basalt	283	298	
Firm gray-brown basalt	298	310	
Hard gray basalt	310	340	
Gray-brown, gray-black basalt	340	465	18
occ. brown basalt streaks			"
(caving zone 420-435, grouted solid)			
Brown basalt & ash, cemented debris	465	515	
Gray-brown basalt, frac. occ. broken green mineral stain	515	575	18
Brown & gray-brown basalt, brown	575	630	18
Gray-black basalt, hard, frac.	630	640	

Date started 04/02/96 Completed 05/20/96

(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 1266 & 573
Signed _____ Date 05/22/96