

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

CLAC
 12541

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15122700

JUN 9 1989 (START CARD) # 7111

(1) OWNER: Well Number: _____
 Name WICHITA NURSERY
 Address 9413 S HEIN RD
 City CANBY State OR Zip 97013

WATER RESOURCES DEPT.
SALEM, OREGON
 Latitude _____ Longitude _____
 N or S, Range 1E E or W, WM.
 Section 27 NE ¼ SW ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 248 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	170	242				
6	242	248	N/A			

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS:
 Perforations Method SAW
 Screens Type AARDVARK Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
162	171	RISE & PACKER		8 7/8		<input type="checkbox"/>	<input type="checkbox"/>
171	176	50 SCREEN		8 7/8		<input type="checkbox"/>	<input type="checkbox"/>
176	242	PERF. TAIL PIPE		8 7/8		<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 150 Drawdown 189 Time 1 hr.
AIR LINE @ Drill stem at

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 2 June
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
187	190		44

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
ORIGINAL WELL COMPLETED BY WILLIAM CHRISTENSEN ON 12/6/69, 10" DIA.			
GRAVEL CEMENTED SLIGHTLY	170	175	44
CLAY GREY	175	187	
CLAY DARK GREY SANDY	187	190	
CLAY GREEN	190	215	
CLAY BLACK SILTY w/SAND	215	223	44
CLAY LT GREEN	223	244	
CLAY BLUE	244	248	

Date started 26 MAY Completed 2 June 1989

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 743
 Signed Richard Bush Date 3 June 1989