

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

CLAC

01278 JUL 25 1988

(START CARD) # 5136

**(1) OWNER:**

Name Imperial Nurseries  
 Address 4877 Vulcan Ave.  
 City Columbus State Ohio Zip 43228

**(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 435 ft.  
 Yes No    
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	65	cement	0	65	54 sacks
8	65	450				

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				Threaded
				Plastic	Welded	Plastic	Welded	
8	+1	370	250	<input checked="" 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"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type Cook Material S.S.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
435	415	BLANK		6" pipe		<input type="checkbox"/>	<input type="checkbox"/>
415	365	18			7 1/2	<input type="checkbox"/>	<input type="checkbox"/>
365	340	BLANK		and Packer		<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
130	30		5 hr. hrs

Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes By whom \_\_\_\_\_

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 clack Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 1 south Nor S, Range 4 east E or W, WM.  
 Section 35 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
 Tax Lot 2500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 37043 S.E. Hauglum RD. Sandy Ore 97055

**(10) STATIC WATER LEVEL:**

325 ft. below land surface. Date 7-15 88  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	55	10	22
200	220	20	165
380	430	130	325

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
top soil	0	3	
brown clay	3	19	
brown clay and boulders	19	50	
cemented gravel/boulders	50	200	22
sandstone	200	220	165
cemented gravel	220	322	
blue silty clay	322	341	
blue clay fine sand	341	362	
blue clay	362	370	
coarse cemented sand	370	390	325
med. black sand with some clay	390	402	
med. black sand	402	420	
fine black sand	420	435	
fine sand and clay	435	450	
hole from 450 to 435 filled in with fine sand			

Date started 6-23-88 Completed 7-15-88

**(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.

Signed [Signature] WWC Number 616  
 Date 7-18-88

**(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.

Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
 Date \_\_\_\_\_