

116
CLAC
20335

JUN 19 1995

15/4E/35

(1) OWNER: Well No. 06131995
Name DON MARJAMA NURSERY
Address 11333 SE BLUFF RD
City SANDY St OR Zip 97055

(2) TYPE OF WORK: RECONDITION

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: IRRIGATION

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO _____ Depth of Compl. Well 440 ft
Explosives used NO _____ Type _____ Amount _____
HOLE SEAL
Diam. From To Material From To Amount
7 1/2 370 440 _____

Seal placement method _____
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(6) CASING/LINER:

	Diam.	From	To	Gauge	Material	Connection
Casing	_____	_____	_____	_____	_____	_____
Liner	6	340	440	.250	STEEL	WELDED

Final Location of shoe(s) 440' 5 1/2 TUBEX

(7) PERFORATIONS/SCREENS:

Perf. Method AIRKNIFE
 Screens Type _____ Material _____
Slot Tele/pipe
From To Size Number Diam. Size Casing/liner
00 440 1/812 300 _____
LINER

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

Test type PUMP

Yield GPM	Draw-down	Drill stem at	Time
65	65	_____	1 hr.
65	65	_____	12 HR

Temperature of water 52F Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County CLACK Lat. ° ' " Long. ° ' "
Township 1 S Range 4 E WM.
Section 35 1/4 1/4
Tax Lot 2500 Lot Block Subdivision
Street Address of Well (or nearest Address)
37043 SE HAUGLUM RD SANDY, OR 97055

(10) STATIC WATER LEVEL:
305 ft. below land surface. Date 05/31/95
Artesian pressure _____ lb per square in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 380

From	To	Est Flow Rate	SWL
380	440	65	305
_____	_____	_____	_____

(12) WELL LOG:

Material	From	To	SWL
COARSE CEMENTED SAND	370	390	305
MED. BLACK SAND W/SOME CLAY	390	402	305
MED. BLACK SAND	402	420	305
FINE BLACK SAND	420	435	305
FINE BLACK SAND AND CLAY	435	440	

PULLED OUT SCREEN AND BLANK PIPE FROM HOLE. REDRILLED FROM 370' TO 440' AND SET IN 100' OF 6" .250 WALL CASING AS LINER. LINER PERFORATED FROM 400 TO 440'. DIDN'T MOVE 8" WELL CASING OR DISTURBED WELL SEAL.
ORIGINAL WELL DRILLED FOR IMPERIAL NURSERIES IN 1988 START CARD # 5136

Date started 05/22/95 Completed 05/31/95

(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 my best knowledge and belief.

Signed _____ WWC Number _____
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.

Signed *Ted W Pullen* WWC Number 616
Date 06/13/95