

1) OWNER: Well No. L37038
Name DILLARD NURSERY
Address 11375 SE 232ND
City GRESHAM St OR Zip

(9) LOCATION OF WELL by legal description:
County CLACK Lat. ° ' " Long. ° ' "
Township 1 S Range 3 E WM.
Section 35 NE 1/4 SW 1/4
Tax Lot 400 Lot Block Subdivision
Street Address of Well (or nearest Address)
11750 SE 242ND GRESHAM, OR 97080

2) TYPE OF WORK: NEW WELL

3) DRILL METHOD: ROTARY AIR

4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:
228 ft. below land surface. Date 7/27/00
Artesian pressure _____ lb per square in. Date _____

5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO _____ Depth of Compl. Well 480 ft
Explosives used NO _____ Type _____ Amount _____
HOLE SEAL
Diam. From To Material From To Amount
14 0 140 BENTONITE 0 45 40 SACKS
12 140 307 CEMENT 45 140 38 SACKS
10 307 480 CEMENT 255 307 40 SACKS

(11) WATER BEARING ZONES:
Depth at which water was first found 35
From To Est Flow Rate SWL
35 45 80 GPM 24
240 280 10-20 GPM 210
360 480 250+ GPM 228

Seal placement method C & POURED IN
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:
Material Ground elevation From To SWL
TOP SOIL 0 2
RED CLAY 2 35
BROKEN ROCK & CLAY 35 45 24
HARD BLACK ROCK 45 160
LIGHTLY CEMENTED GRAVEL & RED CLAY 160 280 210
LIGHTLY CEMENTED GRAVEL & BLUE CLAY 280 360
LIGHTLY CEMENTED GRAVEL 360 480 228
Date started 7/10/00 Completed 7/27/00

6) CASING/LINER:
Casing Diam. From To Gauge Material Connection
10 +1 306 .250 STEEL WELDED
8 0 440 .250 STEEL WELDED
Final Location of shoe(s) 306'91/2" 440'71/2" TUBEX

7) PERFORATIONS/SCREENS:
[] Perf. Method _____
[] Screens Type _____ Material _____
From To Slot Number Diam. Size Casing/liner

(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 _____

8) WELL TESTS: Minimum testing time is 1 hour
Test type AIR
Yield GPM Draw-down Drill stem at Time
250 _____ 480 1 hr.

(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 _____ WWC Number 616
Date 7/27/00

Temperature of water 51F Depth Artesian Flow Found _____
Was water analysis done _____
Reason for water not suitable for use _____
Depth of strata _____



JUL 31 2000