RECEIVED CLAC 58844

APR 0 2 2003

WATER RESOURCES DEPT. SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the back of this form.

WELL I.D. # L 62453
START CARD # 154512

(1) LAND OWNER Well Number _____
Name MOANA NURSERY
Address 24395 S. BARLOW RD.
City CANBY State OR Zip 97013

(2) TYPE OF WORK
☐ New Well ☐ Deepening XX Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud XX Cable ☐ Auger
☐ Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes XX No Depth of Completed Well 150 ft.
Explosives used ☐ Yes XX No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12"	0	140	Original	(See	Clac012944)	
10"	140	150				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
XX Other ORIGINAL
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from -3 ft. to 150 ft. Size of gravel 8/12 c.s.s

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12"	+2	111	.250	XX	☐	XX	☐
	(Original)				☐	☐	☐	☐
					☐	☐	☐	☐
	8"	+1	90	.250	XX	☐	XX	☐
Liner:	8"	110	130	.250	XX	☐	XX	☐
	8"	140	150	.250	XX	☐	XX	☐

Drive Shoe used ☐ Inside ☐ Outside XX None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
XX Perforations Method MILLS KNIFE (in 12" casing)
XX Screens Type V-WIRE Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90	110	3/8x3	360	12"	Casing	XX	☐
90	110	.045		8"	PS	☐	☐
130	140	.045		8"	PS	☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
XX Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300	24'		1 hr.
400	35'		1 hr.
500	48'		6 hr.

Temperature of water 56° 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 CLACKAMAS Latitude _____ Longitude _____
Township 4S N or S Range 1E E or W. WM.
Section 6 NE 1/4 NW 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 24395 S. BARLOW RD. CANBY, OR 97013

(10) STATIC WATER LEVEL:
3 ft. below land surface. Date 3-13-03
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
90'	130'	>500	3'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
original	0	140	
clay blue sticky	140	150	
Installed 10" temporary casing inside of 12" well. Drilled to 150' & installed 8" screen, tail & riser pipe. Filter packed w/ 8-12 sand, removed all 10" casing & developed. Extended 12" casing 2' above ground surface & put on filler pipe for sand.			
Westerberg Drilling, Inc. 36728 S. Kropf Rd. Molalla, OR 97038			

Date started 2-7-03 Completed 3-13-03

(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 1358
Signed [signature] Date 3-24-03

(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 688
Signed [signature] Date 3-24-03

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER