

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

CLAC 08411 SEP - 8 1988

3S/1W/21cd
 (START CARD) # 1894

WATER RESOURCES DEPT. OREGON

(1) OWNER: Fairdale Nursery
 Name: Fairdale Nursery
 Address: 13200 S.W. Wilsonville Rd.
 City: Wilsonville State OR Zip 97070

(9) LOCATION OF WELL by legal description:
 County Clack Latitude _____ Longitude _____
 Township 3S N or S, Range 1W E or W, WM.
 Section 21 SE 1/4 of SW 1/4
 Tax Lot 2800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 31600 SW Grahams Ferry Rd.
 Wilsonville, Or 97070

(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 384 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Gran. Bent	0	19	24 sks
8	19	279	Cement	264	279	14 sks
6	279	384				

How was seal placed: Method A B C D E
 Other bent was poured & probed
 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
6	+ 2	279	.250	<input checked="" type="checkbox"/>	<input 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"/>

Liner: _____

Final location of shoe(s) 279

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30		324	1 hr.
20		275	1 hr.

Temperature of water 56° F 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: 158-192 and maybe 210-?

(10) STATIC WATER LEVEL:
 80 ft. below land surface. Date 9/2/88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found estimate 92

From	To	Estimated Flow Rate	SWL
92	109	50 w/sand	>20?
158	192	30-red	70?
210	274		

(12) WELL LOG: Ground elevation approx. 170

Material	From	To	SWL
Top soil, brown	0	3	
Clay, brown	3	21	
Clay, brown, soft, silty-sandy	21	92	
Sand, brown, med fine, some cement	92	99	
Gravel, 1"- & sand, crse med	99	109	
Clay, blue	109	119	
Clay, brown w/gravel	119	125	
Clay, brown-grey, sticky	125	142	
Clay, grey w/pea gravel	142	148	
Clay, grey	148	158	
Gravel, pea & sand, crse w/clay, red	158	192	
Clay, & gravel layers, rusty red	192	196	
Clay, rusty red, sticky	196	202	
Gravel, pea w/clay, rusty, red	202	210	
Sand, cement, fine, brown	210	230	
Sand, cement, vel-grey, brown, porous	230	272	70
Basalt, grey, vesicular	272	274	
Basalt, grey, med-hard, occ. frac.	274	319	
Basalt, blk, bkn, soft, vesicular, cindery	319	342	80
Basalt, grey, med-hard, some fractures	342	384	

Date started 8/25/88 Completed 9/2/88

(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 *Donald J. Jones* WWC Number 1085 Date 9-6-88

(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 *Stephen J. Schmidt* WWC Number 649 Date 9/6/88