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

WELL I.D. # L 72953 ✓

START CARD # W 169471

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name **GRIFFIN, MICHAEL**
Address **2459 SE TV HWY**
City **HILLSBORO** State **OR** Zip **97123**

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☑ No
Depth of Completed Well **83** ft.
Explosives used: ☐ Yes ☑ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10	0	46	Bentonite	0	46	18 SACKS
6	46	83				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other **poured**
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
Casing:	6	+1.25	79	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☑ Outside ☐ None
Final location of shoe(s) **79**

(7) PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
+25	36	77	2 hr.

Temperature of water **52** Depth Artesian Flow Found _____
Was a water analysis done? ☑ Yes By whom **driller**
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County **COLUMBIA**
Tax Lot **102** Lot _____
Township **7** N Range **2** W WM
Section **18** **NW** 1/4 **SE** 1/4
Lat ____° ____' ____" or _____ (degrees or decimal)
Long ____° ____' ____" or _____ (degrees or decimal)
Street Address of Well (or nearest address) **GRANDVIEW DR**
RAINIER, OR 97048

(10) STATIC WATER LEVEL
41 ft. below land surface. Date **4-29-05**
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found **56**

From	To	Estimated Flow Rate	SWL
56	84	+25	41

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Clay Brown	0	9	
Clay Yellowish Brown	9	14	
Clay Brown	14	23	
Shale W/Rock Broken L. Brown	23	26	
Rock W/Shale Layers Brown	26	39	
Shale/Gravel W/clay binder brn	39	46	
Gravel W/Large Cobbles brown	46	56	
Large Gravel W/Coarse Sand	56		41
Brown		83	

Date Started **april 26, 2005** Completed **april 29 2005**

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

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AUG 01 2005
WATER RESOURCES DEPT
SALEM, OREGON

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 **1624** Date **5-10-2005**

Signed _____

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004

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JUN 07 2005
WATER RESOURCES DEPT
SALEM, OREGON