

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

RECEIVED

MAR 11 2033

5/1W-28aa

(1) OWNER:
 Name Woodburn Nursery SEP 0 1987
 Address 11796 Monitor-McKee Rd NE
 City Woodburn
 WATER RESOURCES DEPT. 7071
 STATE OF OREGON

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

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
14	0	18	Bent.	0	18	

How was seal placed: Method A B C D E
 Other dry #8 bent.
 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: 10	+1	299	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 299

(7) PERFORATIONS/SCREENS:
 Perforations Method Airperf Holte
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	130		1800			<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
 Yield gal/min 300 Drawdown estimate Drill stem at 140 Time 1 hr.

Temperature of water NA Depth Artesian Flow Found NA
 Was a water analysis done? Yes No By whom NA
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Color Other NA
 Depth of strata: NA

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 5S Nor S, Range 1W E or W, WM.
 Section 28 NE $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) NA

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date 8-19-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 39

From	To	Estimated Flow Rate	SWL
39	82	40	
95	130	300	
278	280	40 dirty	

(12) WELL LOG: Ground elevation NA

Material	From	To	SWL
Top soil	0	5	
Sandy clay	5	13	
Clay sticky grey	13	28	
Clay light brown sandy	28	39	
Sand & gravel cemented	39	82	
Sandy clay brown	82	84	
Sandy clay grey	84	87	
Sandstone soft grey	87	90	
Conglm hard	90	95	
Sand & gravel	95	130	
Sandy clay grey	130	142	
Clay blue sticky	142	150	
Sandy clay grey	150	155	
Clay green	155	160	
Packed sand brown	160	164	
Clay blue sticky	164	171	
Clay brown sticky	171	185	
Clay grey	185	230	
Claystone grey	230	236	
Clay blue	236	265	
Sandy silt	265	278	
Sand grey fine	278	280	
Clay grey med	280	299	

Date started 8-12-87 Completed 8-19-87

(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 [Signature] 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 723 Date _____