

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

Marion
53448

WELL ID # **L18413**

(START CARD) # **115072**

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

(1) OWNER: Well Number: **530**
 Name **Portland Nursery**
 Address **5050 SE Stark**
 City **Portland** State **OR** Zip **97215**

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **218** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
14	0	50	Bentonite	0	50	35 Sacks

How was seal placed: Method A B C D E
 Other
 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	+2	218	1/4	<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"/>

Final location of shoe(s) **218**

(7) PERFORATIONS/SCREENS:

Perforations Method **Air**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	140	1x1/8	1640	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
50 _____ **218** **1 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 **Marion** Latitude _____ Longitude _____
 Township **4S** N or S. Range **1W** E or W. of WM.
 Section **3** **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$
 Tax Lot **0100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
13400 Cedarwood, Aurora, OR 97002

(10) STATIC WATER LEVEL:
70 ft. below land surface. Date **9/21/98**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **120**

From	To	Estimated Flow Rate	SWL
120	135	50	70

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay Brown	0	45	
Clay Gray	45	115	
Clay Brown	115	120	
Gravel & Sand Brown	120	135	70
Clay Gray	135	190	
Clay Light Gray	190	218	

RECEIVED

OCT 05 1998

**WATER RESOURCES DEPT.
 SALEM, OREGON**

Date started **9/15/98** Completed **9/21/98**

(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 _____

(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 *Randy C. Erb* WWC Number **663**
AMERICAN WELL DRILLING Date **9-29-98**