

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 103969

START CARD # 207068

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name Foo Yoon Last Name Chen  
 Company \_\_\_\_\_  
 Address 9495 SW 165th Avenue  
 City Beaverton State OR Zip 97007

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

(3) DRILL METHOD  Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
 Depth of Completed Well 134 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	134	Bentonite	0	3	2	S
			Cement	3	80	25	S

How was seal placed: Method  A  B  C  D  E

Other Pour into annular

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from 80 ft. to 134 ft. Material Gravel/Sand Size 1/4-3/8#8

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8		2	121	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8		131	134	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
 Screens Type Wirewound Material S.S.

Perf/S	Casing/	Screen		Scrm/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots
Screen	Casing	8	121	131	.060		PIPE

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

48	35		1.5
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Temperature 55 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description

(9) LOCATION OF WELL (legal description)

County MARION Twp 5 S N/S Range 1 W E/W WM

Sec 22 NW 1/4 of the SW 1/4 Tax Lot 200

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

13841 Wilco Hwy., Woodburn, OR 97071

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	04-26-2011		21

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 121

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-26-2011	121	131	48		21

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	0	1
Brown clay	1	5
Brown silty clay	5	66
Fine gray sand	66	68
Sticky gray clay	68	84
Cemented brown sand & gravel	84	95
Fine to med brown gravel with fine brown sand	95	103
Gray sandy clay	103	109
Fine gray sand	109	113
Fine to medium black gravel with trace of fine gray	113	
sand-loose		131
Soft gray clay	131	134

Date Started 04-13-2011 Completed 04-26-2011

(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.

License Number \_\_\_\_\_ Date \_\_\_\_\_

Password: (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

(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.

License Number 1266 Date 04-27-2011

Password: (if filing electronically) \_\_\_\_\_

Signed [Signature]

Contact Info (optional) \_\_\_\_\_

ORIGINAL WELL REPORT DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SALEM, OREGON