

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 110845

START CARD # 209454

(1) LAND OWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company JOY CREEK NURSERY

Address 20300 NW WATSON RD.

City SCAPPOOSE

State OR

Zip 97056

(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 400 ft.

BORE HOLE

SEAL

sacks/

Dia	From	To	Material	From	To	Amt	lbs
10	0	250	Cement	0	247	60	S
6	250	400					

How was seal placed:

Method ☐ A ☐ B ☒ C ☐ D ☐ E☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd

☒	☐	6	☒	3	247	250	☒	☐	☒	☐	☐
☐	☐	4.5	☐	60	400	160#	☐	☐	☒	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method DRILLED

Screens Type _____ Material PVC 160

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4.5	300	380		.50	120	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)

30		380	1
24		300	.30

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MULTNOM Twp 3 N N/S Range 2 W E/W WM

Sec 25 NW 1/4 of the NW 1/4 Tax Lot 1600

Tax Map Number _____

Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

20300 NW WATSON RD., SCAPPOOSE, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	05-09-2013		237

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 280

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-09-2013	280	380	30		237

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY	0	47
GRAY BROWN CLAY	47	55
GRAY BROWN BROKEN CLAYSTONE	55	162
GRAY BROWN BROKEN BASALT, SOFT	162	174
FIRM GRAY BROWN BROKEN BASALT	174	236
GRAY BROWN FRACTURED BASALT WITH	236	
BROKEN STREAKS		380
BROWN CLAY	380	400

RECEIVED BY OWNER

MAY 14 2013

SALEM, OR

Date Started 05-03-2013

Completed 05-09-2013

(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 1492

Date 05-10-2013

Password: (if filing electronically)

Signed *Mari Bigsby*

(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 05-10-2013

Password: (if filing electronically)

Signed *John Diller*

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.95