

**STATE OF OREGON**  
**WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

**WELL I.D. # L** 71775  
**START CARD #** 168381

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

**(1) LAND OWNER** Well Number #1  
 Name BATLEY NURSERY INC.  
 Address 18616 N.W. REEDER RD.  
 City PORTLAND State OR Zip 97231

**(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 258 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
19 1/2	0	179	Cem/Bent	0	179	92 Sacks
13 1/4	179	258				

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:	14	0	174	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12	158	180	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	250	258	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	136	158	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1 1/2" /</i>	10	158	186	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) Packers 137', 157', 158', 186'

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method \_\_\_\_\_  
 Screens Type Wound Wire Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	250	.060		12	Tele	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
500	30		45 MIN.
700	41		45 MIN.
1000	70		2 hrs.

Temperature of water 56°F Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

**RECEIVED**  
 SEP 24 2004  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

**(9) LOCATION OF WELL by legal description:**  
 County Multnomah Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 2N N or S Range 1W E or W. WM.  
 Section 11 NW 1/4 NW 1/4  
 Tax Lot 1400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
19815 N.W. Gillihan Rd

**(10) STATIC WATER LEVEL:**  
1 ft. below land surface. Date 8-30-04  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 180

From	To	Estimated Flow Rate	SWL
180	250	1000 GPM	1'

**(12) WELL LOG:**  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Brn clay	1	3	
Gry clay	3	14	
Gry silty clay	14	33	
Fine gry muddy sand w/ wood.	33	142	
Soft Dk. Gry clay	142	176	
Fine to med gravel w/ some clay & Sand.	176	190	
Med to coarse gravel occ fine.	190	196	
Fine to med gravel	196	213	
Med to coarse gravel	213	233	
Fine to med gravel	233	244	
Gravel	244	246	
Coarse gravel	246	252	1'
Gray clay	252	258	

Date started 7-7-04 Completed 8-30-04

**(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 the best of my knowledge and belief.  
 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ 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.  
 WWC Number 1266  
 Signed [Signature] Date 9/16/04