

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

WASH WASH
 105 105

IN/2W/4 CB
 W/2W/4 CB

(START CARD) # 21785

(1) OWNER: Well Number: _____
 Name Thompson & Walters Nursery Sales, Inc.
 Address Rt. 3, Box 458
 City Cornelius State OR Zip 97113

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12	0	228	Cement	0	30	9 sks+gel
8	228	335		185	228	14 sks+gel
6 1/2	335	388				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 30 ft. to 185 ft. Material HIVISC GEL PACK
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8	+1	228	.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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
400		200	1 hr.
350		180	"

Temperature of water 60° F 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 Washington Latitude _____ Longitude _____
 Township IN N or S, Range 2W E or W, WM.
 Section 4 NW 1/4 SW 1/4
 Tax Lot 01-700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Jackson Quarry Rd.
 Hillsboro, OR

(10) STATIC WATER LEVEL:
 43 ft. below land surface. Date 08/16/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 240

From	To	Estimated Flow Rate	SWL
240	298	25 gpm	43
298	355	100 "	"
380	388	275 "	"

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay, sticky	0	28	
Red-brown clay w/rock frag.	28	35	
Brown clay, sticky	35	58	
Red-brown clay, occ. rock frag.	58		
w/rotten rock		150	
Brown clay & weathered basalt	150	185	
Brown basalt, weathered	185	200	
Gray basalt	200	240	
Gray&gray-brown basalt, occ lava	240		43
stks., occ broken, creviced		298	
Brown basalt broken	298	305	
Gray-brown basalt, broken	305	355	
Gray basalt, hard, fractures	355	380	
Brown basalt, very broken	380	388	

Date started 08/03/90 Completed 08/16/90

(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 _____ 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 _____ WWC Number 573 Date 08/17/90