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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

SEP 18 1995

WATER RESOURCES DEPT.

(START CARD) # 80429

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

SALEM, OREGON

(1) OWNER: Well Number 302
Name Twin Oaks Bar & Grill
Address 9785 River Rd.
City Hillsboro State OR Zip 97123

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	245	cement	0	245	35
6	245	400				

How was seal placed: Method A B C D E
 Other Top off with bentonite

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:	6	+2	245	1/2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	-5	400	1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
360	400	1/4/10	50	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 40 Drawdown 300 Drill stem at 400 Time 1 hr.

Temperature of water 54 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 Wash. Latitude _____ Longitude _____
Township 1 N or S Range 2 E or W. WM.
Section 28 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as above

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

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

From	To	Estimated Flow Rate	SWL
360	400	40	10

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Brown	0	10	
Clay Gray	10	85	
Clay & Sand Gray	85	125	
Clay Gray	125	240	
Sandstone Brown	240	360	
Sandstone Gray Broken	360	400	

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9/8/95 Completed 9/13/95

(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.

Signed Randy Blom WWC Number 1622 Date 9/15/95

(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 Rodney C. Galt WWC Number 663 Date 9/15/95