

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

Wash
119

G-12343

15/20/8 CB

(START CARD) # 22901

(1) OWNER: Well Number: NW6
Name Oregon Garden Products
Address 3150 SE Minter Bridge Rd.
City Hillsboro State OR Zip 97123

(9) LOCATION OF WELL by legal description:
County Washington Latitude _____ Longitude _____
Township 1S N or S. Range 2W E or W. WM.
Section 8 NW SW
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3150 SE Minter Bridge Hillsboro, OR 97123

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(10) STATIC WATER LEVEL:
33 ft. below land surface. Date 08/21/90
Artesian pressure _____ lb. per square inch. Date _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found 111

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

From	To	Estimated Flow Rate	SWL
111	164	75 gpm	33

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 170 ft.
Yes No
Explosives used Type _____ Amount _____

(12) WELL LOG: Ground elevation _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12 1/4	0 170	Gran. bent	0 22	20	sacks
		drill gel	22 75		
		cement	75 90	7	sacks
		sand pack	170		

Material	From	To	SWL
Existing surface casing withdrawn, bore enlarged to 12 1/4", screened and packed			
Existing well # TW#7/NW6			

How was seal placed: Method A B C D E
 Other poured into dry annulus
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 90 ft. to 170 ft. Size of gravel #8 & #2

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+1	111	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8	136	148	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	164	170	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 sheets) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type Woundwire Material L.C. Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
111	136	.030		8	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
148	164	.030		8	Pipe	<input checked="" 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 Bailor Air Flowing Artesian
Yield gal/min 60 Drawdown 75 Drill stem at 60 Time 1 hr.
75 80 2 hr.

Date started 08/16/90 Completed 08/21/90

(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 [Signature] WWC Number 1266
Date 08/27/90