

STATE ENGINEER
Salem, Oregon

~~WASH~~ WASH 12466
Well Record
012466

STATE WELL NO. 2/2w-7H
COUNTY Washington
APPLICATION NO. GR-740

OWNER: John Brungard

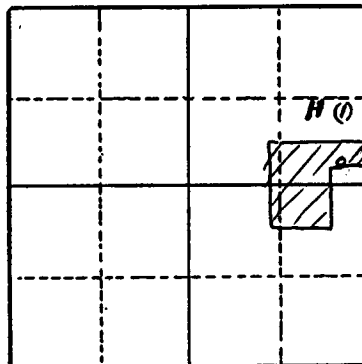
MAILING ADDRESS: Rt 4 Box 276

LOCATION OF WELL: Owner's No. 41

CITY AND STATE: Hillsboro, Oregon

SE 1/4 NE 1/4 Sec. 7 T. 2 S., R. 2 W., W.M.

Bearing and distance from section or subdivision corner 375' W. & 300' N. of SE corner of NE 1/4 of section 7.



Section 7

Altitude at well 178 feet Interpolated

TYPE OF WELL: Drilled Date Constructed Sept. 1951

Depth drilled 375' Depth cased 175'

CASING RECORD:

6 in. from 0 to 175 ft.

FINISH:

AQUIFERS:

WATER LEVEL: 9 ft.

PUMPING EQUIPMENT: Type 3 Ph. elect. - Advanced deep well turbine H.P. 10
Capacity 120 G.P.M. 4 in.

WELL TESTS:
Drawdown 100 ft. after _____ hours 85 G.P.M.
Drawdown 150 ft. after _____ hours 100 G.P.M.

USE OF WATER Irrigation Temp. _____ °F. _____, 19____

SOURCE OF INFORMATION GR-740
DRILLER or DIGGER A. J. Gaunt, Aloha

ADDITIONAL DATA:
Log None Water Level Measurements _____ Chemical Analysis _____ Aquifer Test _____

REMARKS:

WASH 12466

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

WASH12466

45009

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Francis Brungard Conservatorship

Mailing Address: c/o Stellar Realty, 7830 SW 40th Street

City: Portland State: OR Zip: 97219 Phone: (503) 293-0285

WELL LOCATION:

County: Washington Owner's Well Number: AUG 24 2000

Township: 2 N or S, Range: 2 E of W, Section: 7

Tax Lot Number: _____ Type of Well: water supply monitoring _____

Street Address of Well (if different from above): 14855 SW McCormick Hill Rd

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: John Brungard

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Larry D. McQueen Roger Wright
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310 97301-4172

RECEIVED

WATER RESOURCES DEPT.
SALEM, OREGON

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