

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

Wash 13850
WASH RESOURCES DEPT
AUG 21 1995

01N102W102BB

(START CARD) # 83843

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

WATER RESOURCES DEPT

SALEM, OREGON

(1) OWNER: Well Number _____
 Name WILSON FARM
 Address 570 NE 53rd AVE.
 City HILLSBORO State OR Zip 97124

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
7-7/8	540	655				

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<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"/>
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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	Casing	Liner
From	To	From	To						
								<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

Yield gal/min	Drawdown	Drill stem at	Time
400+	air	650	1 hr.

Temperature of water 58° 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 Wash. Latitude _____ Longitude _____
 Township IN N or S Range 2W E or W. WM.
 Section 2 NW 1/4 NW 1/4
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) "Gate" Bodertscher Rd.
(Helvetia Rd.) Hillsboro, OR (Rt.1 Box 599)

(10) STATIC WATER LEVEL: (top of casing)
274 ft. below land surface. Date 8-15-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 540

From	To	Estimated Flow Rate	SWL
0	540	50 gpm	266
540	605	70 gpm	266
605	655	280+ gpm	274

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Previously drilled open hole	0	540	266
Gray-black basalt, occ. broken streaks	540	555	274
Black/gray-black basalt & lava broken	555	565	
Gray-black basalt, hard, occ. black, occ. broken, occ. frac.	565	620	
Gray basalt, hard	620	645	
Gray-black basalt & lava, very broken	645	655	

Date started 8-10-95 Completed 8-15-95

(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 573 Date 8-16-95

WASH 13850



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

RECEIVED BY OWRD

FEB 20 2014

SALEM, OR

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Wilson Farm
Mailing Address: 22380 NW Meier RD
City: Hillsboro State: OR Zip: 97124
Mailing Address (to send Well I.D.): Windermere c/o Burdean Bartlem 733 NW 20th Ave.
City: Portland State: OR Zip: 97209

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 1N (North/South) Range: 2W (East/West) Section: 2
Tax Lot: 1300 County: Washington 1/4 1/4
Street Address of Well: 22380 NW Meier RD City: Hillsboro
Owner at time the well was constructed, (if known): Wilson Farm
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic
Date Well Constructed: 3-22-91 & 8-15-95 Total Well Depth: 655 Casing Diameter: 8"
Other Information: WASH 886 & WASH 13850 - Reservoir Well

SUBMITTED BY (please print): Crow Water Systems - Michael Klobes
PHONE: 503-543-6326 FAX: service@crowwater.com

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:		
Received Date: <u>2-20-14</u>	Well Log Number: <u>WASH 886 + WASH 13850</u> <small>ORIG DEEP</small>	Well Identification #: <u>L-114138</u>