

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

18
WASH
4313

RECEIVED

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25/2w/766

WATER RESOURCES DEPT (START CARD) # 68102
SALEM, OREGON

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

(1) OWNER:

Well Number 236
Name Sal Nagi
Address 14025 SW Cambal 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 320 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	259	cement	0	259	20
6	259	320				

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	Steel	Plastic	Welded	Threaded
Casing:	6	+2	260	7	<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:

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

(8) WELL TESTS: Minimum testing time is 1 hour

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
50	200	320	1 hr.

Temperature of water 59 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 2 N or S Range 2 E or W. WM. _____
Section 7 NW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as above

(10) STATIC WATER LEVEL:

60 ft. below land surface. Date 10/29/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 305

From	To	Estimated Flow Rate	SWL
305	320	50	60

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
top soil	0	1	
clay brown	1	25	
clay gray	25	120	
clay brown	120	170	
rock broken/clay brown	170	245	
rock gray	245	305	
rock gray brown	305	320	60

Date started 10/29/94 Completed 10/31/94

(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 L.B. WWC Number 1622
Date 11/29/94

(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. [Signature] WWC Number 663
Date 11/29/94