

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

WASH
50062

(START CARD) # 77763

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

(1) OWNER: Well Number _____
Name Valley Hope Community Church
Address 123 N. E. 24th
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 393 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	32	CEMENT L	0	32	10
			BENTONIT			
6	32	393				

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	72	380	350	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	370	393		<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) 380

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Tele Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
380	385	12			5 9/16	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
4.5		375	1 hr.

Temperature of water 58 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: 190 - 230

(9) LOCATION OF WELL by legal description:
County Wash. Latitude _____ Longitude _____
Township 1N N or S Range 2W E or W. WM.
Section 32 NE 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 1-5-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 190

From	To	Estimated Flow Rate	SWL
190	230	3	
380	388	4	40

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
FILL	0	4	
BRN SILTY CLAY	4	19	
BLUE CLAY	19	29	
BLUE GRAY MUD	29	190	
Blue Gray Mud + Fine Sand	190	230	
Blue Gray Mud	230	380	
Blue Gray mud + Fine Sand	380	388	40
BRN GRAY MUD	388	393	

RECEIVED
JAN 19 1996
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-18-95 Completed 1-5-96

(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.
WVC Number _____
Signed _____ 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.
WVC Number 215
Signed Don Feaker Date 1-13-96