

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

WASH
 50588

MAY - 7 1996

(START CARD) # 86712

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

(1) OWNER: Well Number 2/96
 Name LOEN NURSERY
 Address 18710 SW PACIFIC DR.
 City SHERWOOD State OR Zip 97140

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

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	60	cement	0	4	2 sks	
			hole plug	4	35	37 sks	
6 1/4"	60	108	cement	60	108	6 sks	

How was seal placed: Method A B C D E
 Other poured into annular
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 35 ft. to 60 ft. Size of gravel 1/8x1/4

(6) CASING/LINER: pea gravel

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	51	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	56	60	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 shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type wound wire Material steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
51	56	.020		6"	pipe	<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 Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
12		50	1 hr.

Temperature of water 56°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 2S N or S Range 1W E or W. WM. _____
 Section 21 SW 1/4 NW 1/4
 Tax Lot 00100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 18710 SW Pacific Dr
Sherwood, OR

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

(11) WATER BEARING ZONES:
 Depth at which water was first found 51'

From	To	Estimated Flow Rate	SWL
51	56	12 gpm	5'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Fill	0	2	
Brown clay	2	4	
Fine to coarse brown sand w/fine gravel	4	26	
Soft gray silty clay	26	34	
Sticky blue-gray clay	34	43	
Soft gray silty clay	43	51	
Fine to coarse black sand w/black pea gravel	51	56	5'
Sticky gray clay	56	85	
Med. black sand	85	87	
Sticky gray-brown clay	87	95	
Soft gray clay, occ. black sand particle	95	108	
LOWER HOLE/BORE ABANDONED			
CEMENT (6 SKS)	108	60	

Date started 4-29-96 Completed 5-1-96

(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.
 WWC 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.
 WWC Number 1266
 Signed [Signature] Date 5-3-96