

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

WASH  
 50909

AUG 1 1994

LOUIS MALENSKY

(START CARD)

(1) OWNER: Well Number \_\_\_\_\_  
 Name OREGON BERRY PACKING 1/2 Roy Malensky  
 Address AT 4 Box ABC  
 City Hillsboro State OR Zip 97123

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well \_\_\_\_\_ ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
15"	0 270	Cement	240 270	10 skt/gel
		Cement	0 30	10 skt/gel

How was seal placed? Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from 30 ft. to 240 ft. Material Cement/gel

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	0	270	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 \_\_\_\_\_ Material \_\_\_\_\_

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250		70	1 hr.

Temperature of Water \_\_\_\_\_ 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 15 N or S Range 2W E or W. WM.  
 Section 31 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) @ Louise Malensky dr.  
C.E ASBAHR well on Farmington Rd.

(10) STATIC WATER LEVEL:  
21' ft. below land surface Date 3/29/77  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: \_\_\_\_\_

Material	From	To	SWL
Existing bit well	0	715	
REMOVE bit casing plug well bore	0	266'	
w/ CABLE TOOL AIR			
w/ Rotary Rig, mud			
REAM Bore hole TO 15in			
Brown clay	0	20	
sand	20	22	
Blue mud/clay	22	37	
Blue fine sand	37	43	
Blue mud/clay	43	77	
Brown clay	77	159	
GREY clay	159	168	
Blue clay, sticky	168	194	
Clay & gravel/Rock frags	194	200	
Gravel/Rock frags	200	204	
Red clay	204	225	
Brown clay	225	261	
Block, decomposed	261	269	
rock	269	270	
<del>Block</del>	<del>270</del>	<del>288</del>	
clean cut well bore	270	715	21'

Date started 3/10/77 Completed 3/29/77

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WVC Number 573  
 Signed \_\_\_\_\_ Date 8/10/94