

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

WASH
51170

(START CARD) # 208544

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

(1) OWNER: Well Number _____
Name G.T. Girard
Address 18800 N.W. Dairy Ck. Rd.
City Cornelius State Or. Zip 97113

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	18	Bentonite	0	18	12 Sacks
6	18	151				

How was seal placed: Method A B C D E
 Other Placed in dry + tamped
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	13	143	25.2	<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) 143

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type machine Material P.V.C.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
131	151	.010	20	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
7 1/2	8.0		1 hr.

Temperature of water 54° 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. N or S Range 3 W. E or W. WM. _____
Section 15 N.W. 1/4 S.E. 1/4 _____
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Dairy Ck. Rd.

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date 9-5-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 144

From	To	Estimated Flow Rate	SWL
144	149	7 1/2 GPM	46

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Clay Brown	1	4	
Clay Yellow	4	7	
Clay Red	7	39	
Clay Sandy Yellow	39	67	
Sandy Clay Yellow	67	136	
Clay Dark Gray	136	144	
Clay Stone + Gravel 1" mixed	144	149	46
Shale Blue	149	151	

RECEIVED

SEP 11 1996

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-27-96 Completed 9-5-96

(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 563
Signed Bert Doula-minich Date 9-6-95