

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

(START CARD) # 92708

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

(1) OWNER: Well Number _____
Name DAVID A. BROWN (FOUR RIDGE ORCHARD)
Address 13455 SW BROWNS DRIVE
City HILLSBORO State OR Zip 97123

(9) LOCATION OF WELL by legal description:
County WASHINGTON Latitude _____ Longitude _____
Township 2S N or S Range 3W E or W. WM.
Section 1 NE 1/4 NW 1/4
Tax Lot 1000 Lot A1&A2 Block _____ Subdivision _____
Street Address of Well (or nearest address) 31949 SW BALD PEAK RD
HILLSBORO, OR

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(10) STATIC WATER LEVEL:
72 ft. below land surface. Date 10/21/96
Artesian pressure _____ lb. per square inch. Date _____

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found 80/150

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 440 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
150	200	25 GPM	72
200	300	200 GPM	72
300	440	175 GPM	72

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
15	0	120	Cement	0	100	41 SKS+GEL
12	120	144	Cement	100	144	10 SKS+GEL
10	144	440				

How was seal placed: Method A B C D E
 Other _____

(12) WELL LOG:
Ground Elevation _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Material	From	To	SWL
Brown clay firm/sticky	0	15	
Brown silty clay occ.soft	15	35	
Red-Brown clay, occ.firm	35	60	
Brown clay & rotten rock	60	80	
Brown basalt, weath., occ. clay	80	110	
Brown basalt, occ. weath., occ. hard	110	130	
Gray-brown basalt, hard, occ. frac., occ. brown/red-brown	130	182	72
Brown basalt & lava, broken	182	195	
Black, gray-black basalt, occ. broken	195	217	
Gray-black basalt, hard, occ. fractures	217	295	
Gray-black basalt, hard, occ. broken streaks	295	381	
Black basalt & lava, broken	381	396	
Black & gray-black basalt, fractures	396	440	72

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1	144	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

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

Yield gal/min	Drawdown	Drill stem at	Time
400+/-		400	1 hr.

Temperature of water 54°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: 80-135, SWL 29'

Date started 10/09/96 Completed 10/21/96

(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.
Signed _____ WWC Number _____ 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.
Signed _____ WWC Number 573 Date 10/24/96