

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

WASH  
 5213

RECEIVED

AUG 25 1988

IN/2W/11 bd  
 1432 Pg. 1

(START CARD) #

(1) OWNER: Well Number: WA 1432  
 Name Cascadian Nurseries  
 Address 13495 N. W. Thompson  
 City Portland, State OR Zip 97229

(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 605 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds
12 1/4	0	218	Cement/gel	0	50	20 sacks
			Puddled clay	50	178	
			Cement/gel	178	218	15 sacks
7-7/8	218	605				

How was seal placed: Method  A  B  KXC  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: 8"	+1	218	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"/>
				<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"/>
						<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"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
700		300	1 hr.
235		200	1 1/2 hr.
240		150	2 hrs.

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 Washington Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 1 N N or S, Range 2 W E or W, WM.  
 Section 11 NW 1/4 SE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
103 ft. below land surface. Date 8/22/88  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 238

From	To	Estimated Flow Rate	SWL
238	244	10 gpm	103
278	282	20 gpm	"
530	596	20 gpm	"
596	605	650 gpm	"

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

Material	From	To	SWL
Topsoil	0	1	
Firm light brown clay	1	6	
Sticky light brown clay	6	39	
Sticky red-brown clay	39	112	
Firm decomposed brown basalt	112	179	
Firm decomp. gray-brown basalt	179	201	
Firm brown basalt	201	203	
Firm gray-brown basalt	203	211	
Soft brown basalt	211	217	
Hard gray basalt	217	238	
Soft brown basalt	238	244	103
Firm gray-brown basalt	244	272	
Firm gray-brown claystone	272	278'	
Soft brown basalt	278	282	
Firm gray-black basalt	282	296	
Hard gray basalt	296	308	
Soft black basalt	308	316	
Hard gray basalt	316	407	
Soft black basalt	407	412	
Firm gray-black basalt	412	440	
Hard gray basalt	440	501	
Soft brown basalt	501	505	
Firm gray-black basalt	505	530	

Date started 8/15/88 Completed 8/22/88

(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.  
 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 well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number 1266  
 Signed [Signature] Date 8/23/88

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1N/2W/115d

STATE OF OREGON

**WATER WELL REPORT**  
(as required by ORS 537.765)

AUG 25 1988 (START CARD) #

1432

Pg. 2

**(1) OWNER:**

Name Cascadian Nurseries Well Number: Page 2  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(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 \_\_\_\_\_

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

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Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
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**(8) WELL TESTS: Minimum testing time is 1 hour**

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			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 OREGON Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S, Range \_\_\_\_\_ E or W, WM.  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

From	To	Estimated Flow Rate	SWL

**(12) WELL LOG:**

Material	From	To	SWL
Hard gray basalt	530	596	
Broken visicular gray-brown basalt	596	603	
Firm gray basalt	603	605	

Date started \_\_\_\_\_ Completed \_\_\_\_\_

**(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.

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_