

wash 52787

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OCT - 8 1997

WELL I.D.# L14725

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

(START CARD) #

098116

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

SALEM, OREGON

(1) OWNER:

Well Number _____
Name Lorange Builders
Address P.O. Box 326
City Hillsboro State Or. Zip 97123

(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 420
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
11"	0	35	Bentonite	0	35	16
6"	35	420				

How was seal placed: Method A B C D E
 Other Bentonite (Paired Sludg)
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6"	0	35	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method None
 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

Yield gal/min	Drawdown	Drill stem at	Time
<u>60</u>	<u>Air Lift</u>	<u>420</u>	<u>2</u>

Pump Bailer Air Flowing Artesian

Temperature of water 53 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 15 N or S Range 3W E or W. WM.
Section 19 SE 1/4 SE 1/4
Tax Lot 15 319-00100 Subdivision _____
Street Address of Well (or nearest address) 6375 S.W. Blue Herron Dr. Forest Grove Or.

(10) STATIC WATER LEVEL:

75 ft. below land surface. Date Sept. 22 97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 83

From	To	Estimated Flow Rate	SWL
83	85	5	75
121	122	17	75
179	181	15	75
220	222	23	75

(12) WELL LOG:

Ground Elevation Approx. 500'

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	5	
Brown + yellow decomposed clay	5	28	
Firm Gray Sandstone w/ unstable layers.	28	420	

Date started 9/15/97 Completed 9/19/97

(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 Not Appl. 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 Randall K. Wilson WWC Number 795 Date 10/1/97