

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

WASH  
54739

WELL ID # **L01753**  
(START CARD) # **115126**

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

(1) OWNER: Well Number: **519A 577**  
Name **Loen Nursery**  
Address **18710 SW Pacific Dr.**  
City **Sherwood** State **OR** Zip **97140**

(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 **45** ft.  
Explosives used  Yes  No Type Amount

HOLE		SEAL		Amount
Diameter	To	Material	From To	sacks or pounds

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	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"/>
					<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		Screens		Method		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<b>25</b>	<b>40</b>	<b>1x1/4</b>	<b>75</b>	<b>6"</b>		<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<b>25</b>		<b>45</b>	<b>1 hr.</b>

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 **Washington** Latitude Longitude \_\_\_\_\_  
Township **2S** N or S. Range **1W** E or W. of WM.  
Section **21** **SE**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$   
Tax Lot **0100** Lot Block Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) **19205 Cipole Rd.**

(10) STATIC WATER LEVEL:  
**4** ft. below land surface. Date **4/19/99**  
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: Ground elevation \_\_\_\_\_

Material	From	To	SWL
<b>Filled hole from 45' to 295'; used 50 sacks cement</b>			

**RECEIVED**

MAY 20 1999

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started **4/15/99** Completed **4/19/99**

(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 my best 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 *Rodney C. Erb* WWC Number **663**  
Date **5/13/99**

**AMERICAN WELL DRILLING**