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

55693

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 18332
START CARD # 93984

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

(1) OWNER: Well Number _____
Name GILBERT J GIESBERS
Address 40881 NW OSTERMAN RD
City FOREST GROVE State OR Zip 97116

(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 68 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	50	Cement	40	50	4
6"	50	68	BENTONITE	0	40	20

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: 6"	14"	50'	250	☒	☐	☒	☐
Liner: 4"	28	68	160	☐	☒	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
38	68	1/4x6"	20			☐	☒

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

☐ Pump	☒ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
10	10'		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 WASHINGTON Latitude _____ Longitude _____
Township 1N N or S Range 3W E or W. WM.
Section 19 NE 1/4 NE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 2-4-2000
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 52'

From	To	Estimated Flow Rate	SWL
52	65	10	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
BROWN CLAY	1	10	
BLUE CLAY	10	30	
BROWN CLAY	30	50	
BROWN CLAY WITH FINE SAND	50	68	

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Date started 1-28-2000 Completed 2-4-2000

(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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 353
Signed Cynthia Vandenberg Date 2-8-2000