

WASH
55919

RECEIVED

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

MAY 09 2000

WELL I.D. # L 38462
START CARD # 129780

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name ESHRAQHI NURSERY
Address 21815 SW FARMINGTON RD.
City BEAVERTON State OR Zip 97007

LOCATION OF WELL by legal description:
County WASHINGTON Latitude _____ Longitude _____
Township 1S N or S Range 2W E or W. WM.
Section 29 NE 1/4 SE 1/4
Tax Lot 1401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 26985 SW FARMINGTON Rd.
HILLSBORO, OR

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

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 5/2/2000
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 460

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 549 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
460	472	100+	8
472	480	100+	8
480	517	200	8
517	530	100+	8

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12 1/2	0	450	CEMENT	0	77	31 SKS
			GEL PACK	77	400	18 SKS
			CEMENT	400	450	20 SKS
8	450	549				

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

Backfill placed from 77 ft. to 400 ft. Material Hivisc Gel
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(12) WELL LOG:
Ground Elevation _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8"	+1	450	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

Pack	Material	From	To	SWL
Topsoil		0	1	
Brn clay		1	14	
Brn silty clay		14	28	
Gray silty clay		28	69	
Sticky gray clay		69	91	
Sticky brn clay		91	144	
Brn & brn orange clay		144	169	
Red-brn clay		169	244	
Brn decomp basalt w/red clay streaks.		244	366	
Sticky gray clay		366	417	
Brn decomp basalt w/clay seams.		417	438	
Firm gry&gry-black basalt		438	472	8
Gray-brn basalt, frac.		472	480	8
Gray basalt, frac.		480	517	8
Gry-brn & brn basalt frac.		517	530	8
Gry & gry black basalt, frac		530	549	

(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"/>

Date started 4/20/2000 Completed 5/2/2000

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
550+		549	1 hr.
500+		349	"
400+		169	"

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: _____

(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 Michelle Bispy WWC Number 1492
Date 5/3/2000

(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 1266
Date 5/3/2000