

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

WELL I.D. # L 41142
START CARD # 134058

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

wash
50253

(1) OWNER: Well Number _____
Name JOHN JACKSON (ORCHARD VIEW NURSERY)
Address 37931 SW BLOOMING FERN HILL RD.
City CORNELIUS State OR Zip 97113

(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 220 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
6	0	220	PREVIOUS	DEPTH		
			SEAL, NOT	DISTURBED		

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"/>
Liner:	4 1/2"	8	213	160#	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Drilled
 Screens Type _____ Material PVC160

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
193	213		80	3/16		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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 WASHINGTON Latitude _____ Longitude _____
Township 1S N or S Range 3W E or W. WM.
Section 16 NE 1/4 NW 1/4
Tax Lot 203 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Orchard View Nursery
37931 SW BLOOMING FERN HILL RD.

(10) STATIC WATER LEVEL:
117 ft. below land surface. Date 07/29/00
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
EXISTING 6" IRRIGATION WELL	0	220	
LINER INSTALLED ONLY			

RECEIVED
OCT 30 2001
WATER RESOURCES DEPT.
SALEM, OREGON
RECEIVED
AUG 02 2000
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 07/29/00 Completed 07/29/00

(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 1266
Signed [Signature] Date 07/31/00