WASH
57028

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

DRAFT

Re well #2
WELL I.D. # L N/A
START CARD # N/A

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

(1) OWNER: Well Number 2
Name Moore Exc Inc
Address P.O. Box 30569
City Hillsboro State Ore 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 Abandon

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well 48' ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
30"	0	48				
			N/A			

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:	N/A				☐	☐	☐	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
N/A						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
N/A			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 Wash Latitude _____ Longitude _____
Township 1N N or S Range 1W E or W. WM.
Section 19 SW 1/4 NW 1/4
Tax Lot WK Lot _____ Block _____ Subdivision
Street Address of Well (or nearest address) 5650 N.W 185th Hillsboro Ore

(10) STATIC WATER LEVEL:
27' ft. below land surface. Date 2/14/01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found N/A

From	To	Estimated Flow Rate	SWL
Abandoned Dug Well			

(12) WELL LOG:
Ground Elevation unk

Material	From	To	SWL
Pull Pump - pump Dug well			
Empty - No Debris			
Fill Dug well to surface			
with Controlled density			
Cement 1½ Trucks			
Removed accessable curbing -			

RECEIVED
FEB 23 2001
WATER RESOURCES DEPT
SALEM, OREGON

Date started 2/14/01 Completed 2/14/01
(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 5F 9
Signed Doug Coonquist Date 2/19/01

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER