

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

→ L 46543
 WELL I.D. # L ~~135644~~
 START CARD # 135644

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

(1) LAND OWNER Well Number _____
 Name ROBERTO LEOS JR.
 Address 30095 NW EVERGREEN RD
 City HILLSBORO State OR Zip 97124

(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 59'
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	60	BENTONITE	0	18	900 lb
12"	0	4	PORT. CEMENT	0	4	125 LBS

How was seal placed: Method A B C D E
 Other BENTONITE POURED DRY HYDRATED

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 18 ft. to 60 ft. 3.5 cu yd of gravel 8 x 1/2 pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	4	18	14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10"	4	4	12.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	6"	60	SDR 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type WESTERN Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	60	.040		5"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20 GPM	To 27'		24 HR
48 GPM	To 36'		48 HR

Temperature of water 53° Depth Artesian Flow Found _____
 Pump SET AT 50'

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 1-N N or S Range 2-W E or W WM.
 Section 19 SW 1/4 SW 1/4
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 24 May 01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 25'

From	To	Estimated Flow Rate	SWL
20	60	50 GPM	14

(12) WELL LOG:
 Ground Elevation Approx 200

Material	From	To	SWL
TOPSOIL	0	1	
CLAY BROWN	1	5	
SILT BROWN	5	8	
CLAY BROWN TAN	8	20	
SAND SILT LAYERS BROWN	20	35	
SAND SILT LAYERS BLUE	35	60	14

Date started 8 May 01 Completed 18 May 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.
 Signed [Signature] WWC Number 1538
 Date 23 May 01

(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 [Signature] WWC Number 602
 Date 25 May 01