

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

WELL I.D. # L 50482
 START CARD # 140522

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

(1) **LAND OWNER** Well Number _____
 Name NORM PETERSON
 Address 20770 SW HILLSBORO HWY
 City NEWBERG State OR Zip 97132

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6"	260	303	SEE #12			
			Original 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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(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"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
50		303	1 hr.
45		283	"
2 1/2		203	"

Temperature of water 53°F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom AMJ
 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 2S N or S Range 2W E or W. WM.
 Section 29 SW 1/4 NE 1/4
 Tax Lot 504 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Norm Peterson
20770 S.W. Hillsboro Hwy, Newberg, Or 97123

(10) **STATIC WATER LEVEL:**
184 ft. below land surface. Date 8/2/01
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 263

From	To	Estimated Flow Rate	SWL
263	303	50	184'

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
DEEPEMED Exisiting 6" well.	0	260	
Seal not disturbed			
Cemented Hole and re-drilled	125'	260'	28sks
DEEPENING:			
Hard gray frac. basalt	260	303	184'
RECEIVED			
AUG 07 2001			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 7/31/01 Completed 8/2/01

(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 1749
 Date 7-29-01

(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 579
 Date 7/29/01