

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

WELL I.D. # L 64504
 START CARD # 159688

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

(1) **LAND OWNER** Well Number _____
 Name GARY TANKERSLEY
 Address 16160 N.W. PUMPKIN RIDGE RD.
 City NORTH PLAINS State OR Zip 97133

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12 1/4	0	138	Cem/Bent	0	138	77 SKS
8	138	560				
SEE #12						

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:	8"	+2	138	.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"/>

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"/>

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

Pump Test Bailer Air Flowing
 Artesian

See Attached By HPS down Drill stem at _____ Time _____

<u>247</u>	<u>85</u>	<u>1 hr.</u>

Temperature of water 54°F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom A.M.J.
 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 2W E or W. WM.
 Section 30 N.W. 1/4 N.W. 1/4
 Tax Lot 603 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address)
Near 28500 SW FARMINGTON Hillsboro, Or

(10) **STATIC WATER LEVEL:**
26 ft. below land surface. Date 10-28-03
 Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
140	560	300+	26'

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

Material	From	To	SWL
Pulled existing 6" casing			
Hole reamed out 12 1/4"			
0 - 138' 8" Casing installed			
+2 - 138'. Hole reamed out			
8" 138' + 445 (Previous Depth).			
Firm gry-brn basalt	445	448	26'
Soft blk basalt	448	470	26
Firm gry - blk basalt	470	519	26
Soft blk basalt	519	543	26
Firm gry - blk basalt	543	560	26

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NOV 12 2003

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 9-29-03 Completed 10-28-03

(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 11/06/03