

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

WELL I.D. # L N/A
 START CARD # 164233

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

(1) LAND OWNER Well Number _____
 Name K & G CONSTRUCTION
 Address 922 W MAIN ST.
 City HILLSBORO State OR 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 _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
8	0	380	Cement	0	380	137 Sacks

How was seal placed: Method A B C D E
 Other Pumped into Well Bore
 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	+1	357	.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 Drive Down
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	357	1/8x2	3800			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

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 1N N or S Range 1W E or W. WM.
 Section 21 SE 1/4 SW 1/4
 Tax Lot 1000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
13495 N.W. Thompson Rd.

(10) STATIC WATER LEVEL:
55 ft. below land surface. Date 5-5-04
 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
Pump & Liner removed from Well bore, Casing perforated and bore filled with cement grout bottom to top.	380	0	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>RECEIVED</p> <p>MAY 18 2004</p> <p>WATER RESOURCES DEPT SALEM, OREGON</p> </div>			

Date started 5-4-04 Completed 5-5-04

(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 5/14/04