

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

RECEIVED

WASH# 6123

1W/3W-15cb

MAY 15 1987

(1) OWNER: Well Number: \_\_\_\_\_  
 Name Clermont Fruit Packers  
 Address P. O. Box 644  
 City Hillsboro State OR Zip 97123

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval Yes  No  Depth of Completed Well 1750 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
14"	0 100	Cement	0 100	50 sacks gel
14"	100 750	gel	100 750	Hivis gel
14"	750 1080	Cement	750 1080	100 sacks
10"	1080 1750			+gel

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:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	10"	+1	1080	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

Final location of shoe(s) 1080

(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"/>
						<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  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem at	Time
550	151.5		1 hr.
550	158.0		24 hrs.
550	164.0		44 hrs.

Temperature of water 73° F Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom well owner  
 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 1 N N or S, Range 3 W E or W, WM.  
 Section 15 NW 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
19.5 ft. below land surface. Date 5/7/87  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 1117

From	To	Estimated Flow Rate	SWL
1117	1750	550	19 1/2'

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Rock fill	0	2	
Blue, brown & gray clays, sticky	2	182	
Sand streaks in clay beds	182	389	
Blue & gray clays, sticky	389	1051	
Brown basalt, decomposed	1051	1062	
Black basalt, soft	1062	1074	
Gray basalt, occ. hard	1074	1117	
Gray-black basalts w/occ. black basalt & lava streaks	1117	1750	

Date started 2/4/87 Completed 5/7/87

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number 573  
 Signed [Signature] Date 5/14/87