

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 66965
START CARD # 166439

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

(1) LAND OWNER
Name Renne Berblinger & Bruce Hayes Well Number 2
Address 8667 NW Gales Cr. Rd.
City Forest Grove State Oregon Zip 97116

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
	0 20	Bentonite	0 20		11
	6 20 83	-	-	-	-

How was seal placed: Method A B C D E
 Other Placed in dry & prodded
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:	6	0 20	38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2	-3	83	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 38

(7) PERFORATIONS/SCREENS:

Perforations Method Drilled
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
43	83	-	160	1/4	4 1/2	<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
8	51	65	1 hr.

Temperature of water 55 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 4W E or W. WM.
Section 8 SE 1/4 SW 1/4
Tax Lot 2900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8740 N.W. Gales Creek Rd.

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 8-31-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 11

From	To	Estimated Flow Rate	SWL
11	12	7	12
45	65	8	14

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown Clay	1	7	
Brown Clay w/ Med	7	-	
Gravel	-	12	
Med. Gray Claystone	12	76	
Med. Gray Claystone w/ Fine Sand	76	83	14

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SEP 03 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 8-31-04 Completed 8-31-04
(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 1221
Signed Larry C. Gray Date 8-31-04