

RECEIVED

Start Card - Maple Head
STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

JUL - 9 1986

WASA
0150

1W/3W-16a

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER: Owner's Name
Name Glenn Walters Nursery
Address Route 2, Box 389
City Forest Grove, State Oregon Zip 97116

(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:
Depth of Completed Well 1505 ft.
Special Standards date of approval

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
5"	0 885	Cement	885 885	35 sacks	
		Cement	0 100	75 sacks	
10"	885 1000	-	-		

How was seal placed? Method A B C D E
 Other Bottom seal "A", Top seal "C"
Backfill placed from 100 ft. to 835 ft. Material Hivisc. slurry
Gravel placed from _____ ft. to _____ ft. 90 sec/qt. visc.

(6) CASING/LINER:

Diameter	From	To	Gauge	Seal			
				Steel	Plastic	Welded	Threaded
Casing: 10"	+1	885	.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"/>

Location of shoe(s) 885'

(7) PERFORATIONS/SCREENS:

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

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
660	36'		
660	37'		1 hr
660	51'		24 hr.
660	55'		54 hr.

Temperature of water 68° - 69° 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 Wash. Latitude _____ Longitude _____
Township 1 N N or S, Range 3 W. E or W, WM.
Section 16 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Roy Rd.

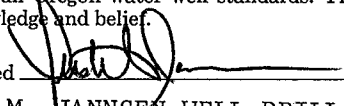
(10) STATIC WATER LEVEL:
_____ 17 ft. below land surface. Date 7/4/86
Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation 170

Material	From	To	WB?	SWL
Topsoil	0	1		
Firm brown clay	1	3		
Soft light brown silty clay	3	18		
Soft gray silty clay	18	53		
Sticky gray clay	53	122		
Sticky light brown clay	122	133		
Fine to coarse red-brown sand	133	142		
Sticky light brown clay	142	148		
Fine to coarse red-brn. sand	148	156		
Firm red-brown clay	156	158		
Soft gray silty clay	158	164		
Soft gray-brown sandy clay	164	222		
Sticky gray clay	222	264		
Soft gray-green sandy clay w/some coarse sand	264	270		
Sticky dark gray clay	270	281		
Soft blue-gray sandy clay w/some coarse sand	281	287		
Sticky dark gray clay	287	292		
Soft blue-gray clay	292	328		
Sticky gray-brown clay	328	394		
Fine to coarse brown sand	394	403		
Sticky brown clay	403	407		
Fine to coarse brown sand	407	418		
Sticky blue-gray clay	418	420		
Fine to coarse brown and black sand	420	427		
Sticky blue-gray clay	427	477		
Soft gray sandy clay w/coarse sand	477	502		
coarse sand				

Date started 11/24/85 Completed 7/6/86

(unbonded) Water Well Constructor Certification:
I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
Signed  Date 7/7/86
A. M. JANNSEN WELL DRILLING CO., INC.
Company _____ Co. Job No. _____

RECEIVED

JUL - 9 1986

1h/3w-16aa

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

WATER RESOURCES DEPT SALEM, OREGON

(1) OWNER:

Name Glenn Walters Nursery Page 2 Address City State Zip

(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:

Depth of Completed Well ft.

Special Standards date of approval

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds

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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Pump Bailer Air Flowing Artesian

Table with columns: Yield gal/min, Pumping level, Drill stem at, Time 1/2 hr, 1 hr

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 Latitude Longitude Township N or S, Range E or W, WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well

(10) STATIC WATER LEVEL:

ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WELL LOG:

Ground elevation

Table with columns: Material, From, To, WB?, SWL. Contains detailed well log entries.

Date started Completed

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Date

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Date

Company Co. Job No.

