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620 Wash

15/3W-16a

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

DEC 28 1987

WATER RESOURCES DEPT Well Number SALEM OREGON

(1) OWNER: Orchard View Nursery Rt. 4, Box 150 Cornelius State OR Zip 97113

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

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No [] Yes [X] No Depth of Completed Well 205 ft. Explosives used [] [X] Type Amount

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Row 1: 10" 0 90 Cement 0 90 14 sacks + gel. Row 2: 6" 90 209

How was seal placed: Method [] A [] B [X] C [] D [] E 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. Casing: 6" 0 90 250 [X] [] [X] []

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 100, 52°F, 130, 1 hr.

Temperature of water 52°F Depth Artesian Flow Found Was a water analysis done? [] Yes [] No 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 1 S N or S, Range 3 W E or W, WM. Section 16 NE 1/4 NW 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address) Rt. 4, Box 150 Cornelius, OR.

(10) STATIC WATER LEVEL: 40 ft. below land surface. Date 12-23-87 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 120 135 40 40. Row 2: 155 205 60 40.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Row 1: Brown silty clay 0 23. Row 2: Gray clay, sticky 23 28. Row 3: Brown clay w/rock fragments 28 40. Row 4: Brown basalt weathered w/clay 40 60. Row 5: Brown basalt, occ. weathered 60 70. Row 6: Gray brown basalt, occ. brown streaks 70 120. Row 7: Gray-brown basalt, broken 120 135 40. Row 8: Gray brown basalt, occ. brown streak 135 155. Row 9: Gray brown basalt, broken, occ. very broken streaks 155 205 40. Row 10: Gray basalt 205 209.

Date started 12/21/87 Completed 12/23/87

(unbonded) Water Well Constructor Certification: I certify that the work I performed on this well during 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 Date 12/24/87

WATER MASTER DIST # 1
WASHINGTON County Courthouse - 15/3W-16 ba
Hillsboro, OR 97123

No 0430
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"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION DEC 31 1987
(as required by ORS 537.762)

WATER RESOURCES DEPT.
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address: ORCHARD VIEW NURSERY
RT 4 Box 150
Cornelius, OR 97113

Proposed Commencement Date DEC 21, 1987

Proposed Well Depth 250, Diameter 6 in
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

Proposed Well Location: County WASHINGTON
Township 1 (N or S) Range 3 (E or W) Section 16

At least 2 of these must be provided

- NE 1/4 of NW 1/4 of above section
- street address of well location RT 4 Box 150
Cornelius, OR
- tax lot number of well location _____
- attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

John E. Toelch
Owner's Signature

[Signature]
Bonded Water Well Constructor

Owner
Title
12/19/87
Date

License No. 573
Company AM JANSSEN Well Drilling, Co. Inc

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

RECEIVED DEC 22 1987