WASH 63424

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WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L N/A

START CARD # 184264

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

(1) LAND OWNER Well Number _____
Name Coyote Excavating Inc
Address PO Box 714
City Newberg State OR Zip 97132

(2) TYPE OF WORK ☐ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☑ Abandonment ☐ Conversion

(3) DRILL METHOD
☑ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☑ No
Depth of Completed Well -0- ft.
Explosives used: ☑ Yes ☐ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
			See #12			

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

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS
☑ Perforations Method Air Rotary
☐ Screens Type _____ Material steel

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
0	20	1/4x2	480			☑	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(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 (legal description)
County Washington
Tax Lot 3000 Lot _____
Township 2S N or S Range 1W E or W WM
Section 35 BC SW 1/4 NW 1/4
Lat ___°___'___" or _____.____ (degrees or decimal)
Long ___°___'___" or _____.____ (degrees or decimal)
Street Address of Well (or nearest address) 22465 SW Grahams Ferry Rd.
Tualatin, OR

(10) STATIC WATER LEVEL
53 ft. below land surface. Date 12/17/2005
_____ ft. below land surface. Date _____
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
Existing 6" steel cased well	0	155	53'
Cement seal visable at surface			
6" steel casing perforated	0	20	
Abandonment:			
Cement grout (33 sacks mix)	155	3	
Upper casing removed, covered			
with clay soil to surface	3	0	

Date Started 12/17/2005 Completed 12/17/2005

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 573 Date 12/19/2005

Signed _____

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004