

WASH 64851

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 87460
START CARD # 191150

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company MORSE BROTHERS INC.
 Address 32260 HWY 34
 City TANGENT State OR Zip 97389

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 133 ft.

BORE HOLE		SEAL		sacks/	
Dia	From To	Material	From To	Amt	lbs
12	0 133	Cement/Bent	0 80	38	S
6	133 215	Cement	133 215	12	S

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 80 ft. to 133 ft. Material Sand Size 10
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8		4	98	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		128	133	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other _____ Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type Wound Wire Material Stainless Steel

Perf/Screen	Casing/Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen	Casing	6	98	128	.020			PIPE

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
27	60		1
35	69		1

 Temperature 56 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County WASHINGTON Twp 1 S N/S Range 3 W E/W WM
 Sec 1 NW 1/4 of the SE 1/4 Tax Lot 1503
 Tax Map Number _____ Lot _____
 Lat _____ ° 0' _____ " or _____ DMS or DD
 Long _____ ° 0' _____ " or _____ DMS or DD
 Street address of well Nearest address
699 SW WOOD ST, HILLSBORO

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	11-21-2006		10

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 98

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-21-2006	98	128	35		10

(11) WELL LOG Ground Elevation _____

Material	From	To
FILL	0	1
BROWN CLAY	1	7
SOFT BROWN SILTY CLAY	7	38
SOFT GRAY SILTY CLAY OCC. STICKY INTRE	38	99
FINE TO MEDIUM BLACK SAND	99	112
SOFT GRAY SANDY CLAY W/ SAND SEAMS	112	128
MED. GRAY SAND W/CLAY	128	132
SOFT GRAY SANDY CLAY	132	138
STICKY GRAY CLAY	138	174
MEDIUM BROWN SAND	174	177
SOFT GRAY CLAY	177	191
STICKY GRAY CLAY	191	215

RECEIVED
NOV 28 2006
WATER RESOURCES DEPT
SALEM, OREGON

 Date Started 11-15-2006 Completed 11-21-2006

(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.
 License Number _____ Date _____
 Password : (if filing electronically) _____
 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.
 License Number 1266 Date 11/27/06
 Password : (if filing electronically) _____
 Signed
 Contact Info (optional) _____