

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

WELL LABEL # L 88229

START CARD # 192148

(1) LAND OWNER Owner Well I.D. _____

First Name Matthew B. Last Name Petrich
 Company _____
 Address 23915 Sw Scholls Ferry Rd.
 City Hillsboro State OR Zip 97123

(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 450 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	385	Bentonite	0	30	30	S
			Cement	260	385	20	S
6	385	450					

How was seal placed: Method A B C D E
 Other Pour into annular
 Backfill placed from 30 ft. to 260 ft. Material Drill slurry
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 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"/>	6		1	385	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perf/	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
Screen	Liner	Dia				width	length	slots	pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
36		200	1
60		450	1

Temperature 56 °F Lab analysis Yes By A. M. J.
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASHINGT Twp 2 S N/S Range 2 W E/W WM
 Sec 10 NW 1/4 of the SW 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ ° 0' _____" or _____ DMS or DD
 Long _____ ° 0' _____" or _____ DMS or DD
 Street address of well Nearest address
23915 SW Scholls Ferry Rd.

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>03-15-2007</u>		<u>4</u>

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 412

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>03-15-2007</u>	<u>412</u>	<u>443</u>	<u>60</u>		<u>4</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	1
Brown clay	1	5
Soft brown silty clay	5	56
Soft gray silty clay	56	105
Sticky gray clay	105	116
Sticky brown clay	116	131
Sticky gray-brown clay	131	142
Sticky gray clay	142	160
Sticky brown clay	160	177
Sticky gray clay	177	273
Sticky brown clay	273	295
Decomp. brown basalt	295	356
Soft red-brown basalt	356	371
Firm brown basalt	371	378
Firm gray-black basalt	378	412
Soft red-brown basalt	412	420
Firm gray-black basalt	420	428
Firm gray-brown basalt	428	443
Firm gray-black basalt	443	450

Date Started 03-08-2007 Completed 03-15-2007

(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 03-15-2007
 Password : (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

