

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

WELL LABEL # L 88253
 START CARD # 193521

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

First Name CHESTER Last Name THOMPSON
 Company _____
 Address 6880 NW 271ST AVE
 City HILLSBORO State OR Zip 97124

(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 725 ft.

BORE HOLE			SEAL			Amt	lbs	sacks/
Dia	From	To	Material	From	To			
10	0	627	Bentonite	0	27	22	S	
6	627	725	Cement	475	627	25	S	

How was seal placed: Method A B C D E
 Other POURED IN ANNULAR
 Backfill placed from 27 ft. to 475 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	Platc	Wid	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6		1	627	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ 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)
18		200	1 HR
36		400	1 HR
55		700	1 HR

Temperature 58 °F Lab analysis Yes By AMJ
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____ Amount _____ Unit _____

(9) LOCATION OF WELL (legal description)

County WASHINGTON Twp 1 N N/S Range 2 W E/W WM
 Sec 17 NE 1/4 of the SE 1/4 Tax Lot 709
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
6880 NW 271ST AVE

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	06-15-2007		88

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 670

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
06-14-2007	670	681	12		88
06-14-2007	696	727	43		88

(11) WELL LOG

Material	From	To
TOPSOIL	0	1
BROWN SILTY CLAY	1	24
SOFT GRAY SILTY CLAY	24	65
STICKY GRAY CLAY	65	80
STICKY GRAY-BROWN CLAY	80	111
STICKY GRAY CLAY	111	167
GRAY SANDY CLAY	167	175
STICKY GRAY CLAY	175	21
SOFT BROWN CLAY	212	219
FINE TO MED BLACK SAND	219	224
SOFT GRAY SANDY CLAY	224	237
FINE TO MED BLACK SAND	237	240
STICKY GRAY CLAY	240	274
SOFT GRAY SANDY CLAY	274	283
STICKY GRAY-BROWN CLAY	283	292
SOFT BROWN CLAY	292	298
STICKY GRAY CLAY	298	358
FINE TO MED BLACK SAND	358	370
STICKY GRAY CLAY	370	464

Date Started 06-01-2007 Completed 06-15-2007

(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 6/21/07
 Password : (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____



