

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

WELL LABEL # L 88264

START CARD # 193536

(1) LAND OWNER Owner Well LD. _____

First Name _____ Last Name _____
 Company Glenn Walters Nursery
 Address P.O. Box 280
 City Banks State OR Zip 97106

(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 212 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	212	Bentonite Chips	0	50	50	S

How was seal placed: Method A B C D E

Other Pour in Annular
 Backfill placed from 50 ft. to 70 ft. Material Bentonite
 Filter pack from 70 ft. to 212 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 type="checkbox"/>	6	1	101	SDR2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6	209	212	SDR2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	1.5	5	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 Slotted Material PVC

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrnl/ slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	6	101	209	.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)
24	69	80	1
36		140	.5
45		180	.5

Temperature 55 °F Lab analysis Yes No
 Water quality concerns? Yes (describe below) _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASHINGTON Twp 1 N N/S Range 3 W E/W WM
 Sec 26 SW 1/4 of the NW 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
34140 NE Homecker RD., Hillsboro, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07-13-2007		11

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 103

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-13-2007	103	212	45		11

(11) WELL LOG Ground Elevation _____

Material	From	To
Fill	0	1
Brown clay	1	7
Brown silty clay	7	29
Gray silty clay	29	103
Fine gray sand w/wood some coarse	103	109
Soft gray sandy clay	109	116
Sticky gray clay	116	130
Fine to med black sand	130	137
Sticky gray-brown clay	137	162
Soft dark gray sandy clay	162	170
Sticky lite gray clay	170	181
Soft gray sandy clay	181	189
Fine to med. black sand	189	197
Sticky gray clay	197	208
Soft gray sandy clay	208	212

Date Started 07-09-2007 Completed 07-13-2007

(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 07-16-2007
 Password : (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____



WATER RESOURCES DEPT
 SALEM OREGON