

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

WELL LABEL # L 95435

START CARD # 198398

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

First Name _____ Last Name _____
Company Cascadian Nurseries
Address 8900 NW Dick Rd.
City Hillsboro State OR Zip 97124

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

(3) DRILL METHOD
[X] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy
Depth of Completed Well 647 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Contains data for cement seals at various depths.

How was seal placed: Method [] A [X] B [X] C [] D [] E

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of casing connections.

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Shows test results at 200 and 300 feet.

Temperature -60 °F Lab-analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County WASHINGT Twp 1 N N/S Range 2 W E/W WM
Sec 11 NW 1/4 of the SE 1/4 Tax Lot 1400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

[X] Street address of well [] Nearest address
8900 NW Dick Rd.

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Shows completed well on 06-10-2008 with SWL of 118 ft.

Flowing Artesian? [] Dry Hole? []

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Lists water bearing zones and their depths.

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Lists geological layers from soft brown clay to soft black basalt.

Date Started 04-29-2008 Completed 06-10-2008

(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 06-11-2008
Password: (if filing electronically) _____
Signed _____
Contact Info (optional) _____

