

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

WELL LABEL # L 67895

START CARD # 200234

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

First Name _____ Last Name _____
Company CITY OF TUALATIN
Address 18880 SW MARTINAZZI AVE
City TUALATIN State OR Zip 97062

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

(3) DRILL METHOD
[] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other none

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs. Includes rows for BORE HOLE and SEAL data.

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

[] Other

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, Plste, Wld, Thrd. Includes rows for casing and liner data.

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/S, Casing/Screen, Dia, From, To, Scm/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)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature _____ °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

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

RECEIVED

(9) LOCATION OF WELL (legal description)

County WASHING Twp 2 S N/S Range 1 W E/W WM
Sec 34 SE 1/4 of the NE 1/4 Tax Lot 5400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [] Nearest address

22675 SW 108TH AVE

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), +, SWL(ft). Includes rows for Existing Well / Predeepening and Completed Well.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft).

(11) WELL LOG

Table with columns: Material, From, To. Includes text: Added 9.5 inches of .375 wall 16-inch casing to top of existing casing. This was done to accommodate a pump base. No other work was done to well.

Date Started 10-21-2008 Completed 10-21-2008

(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 1273 Date 10-23-2008
Password : (if filing electronically) *****
Signed [Signature]
Contact Info (optional) _____