

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

18
WASH
6850

RECEIVED

25/1w/21bc

MAY 24 1995

(START CARD) # 76427

Instructions for completing this report are on the last page of this form WATER RESOURCES DEPT.

(1) OWNER:

Name LOEN NURSERY
Address 18710 SW PACIFIC DRIVE
City SHERWOOD State OR Zip 97140

Well Number #1-95

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 95 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10	0	95	Bent 8-mesh	0	20	12 SKS.	
			Sand	20	90	42 SKS.	

How was seal placed: Method A B C D E
 Other Poured into dry annular

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 20 ft. to 90 ft. Size of gravel #1-C & #8

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	30	PVC200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6"	90	95	PVC200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8"	+1	5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type SLOTTED Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	90	.020		6"	PIPE	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
24	47		1 hr. + 1/2

Temperature of water 53 °F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County WASHINGTON Latitude _____ Longitude _____
Township 2S N or S Range 1W E or W. WM.
Section 21 SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 18710 SW PACIFIC DR.
SHERWOOD, OR 97140

(10) STATIC WATER LEVEL:

48 ft. below land surface. Date 05/19/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	90	24 GPM	48

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown silty clay	0	15	
Fine Brown sand w/coarse streaks	15	67	48
Gray sandy silts	67	82	"
Fine-coarse sand w/occ. pea gravel	82	90	48
Sticky gray clay	90	95	

Date started 05/17/95 Completed 05/19/95

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

WWC Number 1492
Signed Mel Bigsby Date 05/22/95

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

WWC Number 573
Signed John Dan Date 05/22/95