

WASH 69015
RECEIVED

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

AUG 03 2010

WELL LABEL # L 103933
START CARD # 206112

WATER RESOURCES DEPT
SALEM, OREGON

(1) LAND OWNER

Owner Well I.D. SALEM, OREGON
First Name Robert Last Name Jossy
Company Jossy Farms
Address 31965 NW Beach Rd.
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 180 ft.

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
10	0	180	Bentonite	0	20	27	S
			Cement	20	140	35	S
6.75	180	554	Concrete	180	554	4	745

How was seal placed: Method A B C D E
 Other Pour into annular
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 140 ft. to 180 ft. Material Sand Size 1C
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	X	1	160	sdr21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		175	180	sdr21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	X	1.5	5	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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/S	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
screen	liner	dia				width	length	slots	pipe size
Screen	Casing	6	160	175	.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)
12	98		1

Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County WASHING Twp 1 N N/S Range 3 W E/W WM
Sec 12 NW 1/4 of the NW 1/4 Tax Lot 1901
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

31965 NW Beach Rd.

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07-23-2010		42

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 163

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-23-2010	163	174	12		42

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown silty clay	0	22
Gray silty clay	22	37
Sticky gray clay	37	49
Soft red-brown sandy clay	49	62
Sticky gray-brown clay	62	73
Sticky red-brown clay	73	117
Sticky gray clay	117	153
Soft brown clay	153	163
Medium to coarse brown sand	163	166
Soft gray clay	166	169
Fine gray sand	169	174
Sticky blue-gray clay	174	199
Medium to coarse brown sand	199	202
Sticky blue-gray clay	202	249
Soft gray sandy clay	249	277
Sticky brown clay	277	286
Sticky blue-gray clay	286	330
Soft dark gray clay	330	348
Fine black sand with clay	348	362

Date Started 07-07-2010 Completed 07-23-2010

(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 07-23-2010
Password: (if filing electronically) _____
Signed _____
Contact Info (optional) _____

