

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

WELL LABEL # L 108508
 START CARD # 208286

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

First Name _____ Last Name _____
 Company FOREST GROVE SCHOOL DISTRICT
 Address 1758 MAIN STREET
 City FOREST GROVE State OR Zip 97116

(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 220 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	

How was seal placed: Method A B C D E

Other _____

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

Filter pack from 15 ft. to 220 ft. Material SAND Size #8

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>	8	85	sdr21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	2	6	250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	24	<input checked="" type="checkbox"/>	3	7	250	<input 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	Screen	Slot	# of	Tele/		
screen	Liner	Dia	From	To	width	length	slots	pipe size
Screen	Liner	8	85	220	.02			

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature 56 °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 S N/S Range 3 W E/W WM
 Sec 5 SE 1/4 of the NE 1/4 Tax Lot 1100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

4445 HEATHER STREET, FOREST GROVE, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening	03-26-2012		17
Completed Well	03-30-2012		17

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Ground Elevation _____

Material	From	To
EXISTING 10" CASING SCRAPED & BRUSHED EXTENDED 10" CASING +2 TO 6 FT.		
8" PVC CASING & SCREEN SAND PACKED INSIDE 10" CASING		
EXTENDED 24" CASING +3 TO 7 FT.		
GRAVEL PACK REPLENISHED BETWEEN THE 10" AND 24" FROM 0 TO 80 FT.		

Date Started 03-26-2012 Completed 03-30-2012

(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 03-30-2012

Password : (if filing electronically) _____

Signed *[Signature]*

Contact Info (optional) _____

RECEIVED
 APR 01 2012