

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111830

START CARD # 209795

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

First Name _____ Last Name _____
Company WESTVIEW MOBILE ESTATES
Address 4885 S.W. WESTVIEW DRIVE
City CORNELIUS State OR Zip 97113

(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 485 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
12	0	461	Bentonite	0	1	1 S
8	461	485	Cement	1	10	3 S
			Bentonite	10	35	11 S
			Cement / gel	35	461	69 S

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8		2	462	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input 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 _____ Material _____

Perf/S Casing/Screen
creen Liner Dia From To Scm/slot Slot # of Tele/
width length slots pipe size

Perf/S creen	Casing/ Liner	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)

125		450	1.5

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 14 SE 1/4 of the NE 1/4 Tax Lot 600

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

4885 S.W. Westview Drive Cornelius, OR 97113

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	06-05-2013		4

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 462

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-04-2013	462	485	125		4

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOPSOIL	0	1
BROWN CLAY	1	13
BROWN SANDY CLAY	13	23
GRAY SANDY CLAY	23	35
STICKY GRAY CLAY	35	94
FINE TO COARSE BLACK SAND	94	99
STICKY GRAY CLAY	99	108
MED. TO COARSE IT. GRAY SAND	108	114
STICKY GRAY CLAY	114	120
BROWN CLAY W/ BROWN SAND	120	125
FINE TO COARSE BLACK SAND	125	132
STICKY IT. GRAY CLAY	132	204
FINE TO MED BLACK SAND	204	211
STICKY BLUE-GRAY CLAY	211	288
SOFT BROWN CLAY	288	309
STICKY GRAY-BROWN CLAY	309	397
FIRM GRAY-BLACK BASALT	397	400
DECOMP BROWN BASALT	400	425
FIRM GRAY BASALT	425	436

Date Started 05-23-2013 Completed 06-05-2013

(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 JUN 10 2013

Password : (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification

SALEM, OR

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 6/7/13

Password : (if filing electronically) _____

Signed _____

Contact Info (optional) _____

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

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

(11) WELL LOG

Material	From	To
DECOMP BROWN BASALT	436	447
FIRM GRAY-BROWN BASALT W/ OCC.	447	
GRAY-BLACK INTERBED		485

Comments/Remarks

RECEIVED BY OWRD

JUN 10 2013

SALEM, OR