

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

WELL LABEL # L 111845  
 START CARD # 209814

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company HILLSBORO SCHOOL DISTRICT 1J/WEST UNION ELEMENTARY  
 Address 4901 SE WITCH HAZEL RD.  
 City HILLSBORO State OR Zip 97123

(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 555 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12 1/4	0	348	Cement / Gel	0	348	111	S
8	348	555					

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		<input checked="" type="checkbox"/>	2	348	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 creen	Casing/ Liner	Screen Dia	From	To	Scr/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)

72		310	1
90		550	1

Temperature 57 °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 2 W E/W WM  
 Sec 15 NW 1/4 of the NW 1/4 Tax Lot 0800

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

23870 NW WEST UNION RD., HILLSBORO, OR 97124

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	08-12-2013		99

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 390

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
08-09-2013	390	411	10		99
08-09-2013	449	455	20		99
08-09-2013	533	547	60		99

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
CLAY WITH GRAVEL FILL	0	1
BROWN CLAY	1	24
GRAY CLAY	24	42
FINE BROWN SAND	42	45
STICKY BROWN CLAY	45	81
STICKY GRAY CLAY	81	156
STICKY GRAY-BROWN CLAY	156	204
FINE GRAY-BLACK SAND	204	207
STICKY BLUE-GRAY CLAY	207	231
STICKY BROWN CLAY	231	242
STICKY GRAY CLAY	242	265
STICKY BROWN CLAY	265	295
STICKY GRAY CLAY	295	327
CEMENTED BROWN SAND	327	332
STICKY GRAY CLAY	332	336
HARD GRAY BASALT	336	374
FIRM BLACK & GRAY BASALT	374	411
HARD GRAY BASALT	411	438
SOFT BLACK BASALT	438	443

Date Started 07-25-2013 Completed 08-12-2013

(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 \_\_\_\_\_

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 08-15-2013

Password: (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

Contact Info (optional) \_\_\_\_\_

