

WASH  
7239

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

JUN 12 1995

WATER RESOURCES DEPT. (START CARD) # 79225

Instructions for completing this report are on the last page of this form. SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
Name MIKE CROPP FARMS  
Address 31345 N.W. NORTH AVE.  
City CORNELIUS State OR Zip 97113

(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 575 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
13 1/2	0	330	Cement	0	100	44 SKS.
			Drillgel	100	295	8 SKS.
			Cement	295	330	15 sks.
8	330	575				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	+1	330	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 \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input 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"/>	<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
500+		575	1 hr.
450		460	
380-400		320	

Temperature of water 58°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 WASH. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 1N N or S Range 2W E or W. WM.  
Section 8 NW 1/4 NW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) JACKSON SCHOOL RD.

(10) STATIC WATER LEVEL:  
80 ft. below land surface. Date 6-6-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 350'

From	To	Estimated Flow Rate	SWL
350	380	50 gpm	80
380	435	200 gpm	"
493	530	50 gpm	"
542	575	200+ gpm	"

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	2	
Brown clay	2	23	
Sticky gray clay	23	30	
Sticky gray-brown clay	30	39	
Sticky red-brown clay	39	66	
Sticky gray clay	66	124	
Soft dark brown sandy clay	124	147	
Sticky blue-gray clay	147	193	
Sticky brown clay	193	238	
Soft gray sandy clay	238	248	
Sticky gray clay	248	286	
Decomp. brown basalt	286	302	
Soft gray-brown basalt	302	322	
Firm gray-black basalt	322	380	80
Brown basalt, broken, occ. very broken streaks	380	435	"
Gray-black basalt, hard, frac.	435	493	
Brown & gray-brown basalt, occ. broken	493	530	80
Gray-black basalt, hard, frac.	530	542	80

Date started 5-25-95 Completed 6-6-95

(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.  
Signed \_\_\_\_\_ WWC Number \_\_\_\_\_ Date \_\_\_\_\_

(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.  
Signed *[Signature]* WWC Number 1266 Date 6-7-95

