

# WASH 72512

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

**WELL LABEL # L** 113881

**START CARD #** 210538

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

First Name GRACE Last Name DINSDALE  
 Company BLOOMING NURSERY  
 Address 3839 SW GOLF COURSE RD.  
 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 212 ft.

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt	
10	0	212	Bentonite	0	30	12	S
			Cement	30	180	20	S

How was seal placed: Method  A  B  C  D  E

Other POUR INTO ANNULAR

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from 180 ft. to 212 ft. Material GRAVEL Size 1/8x1/4

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		2	198	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		208	212	.250	<input type="checkbox"/>	<input 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"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_  
 Screens Type WOUND WIRE Material STAINLESS

Perf/S screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ pipe size
		6	198	208	<u>.030</u>			<u>PIPE</u>

**(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	95	}	1.5
20	120		
24	140		

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 N N/S Range 3 W E/W WM  
 Sec 15 SE 1/4 of the NE 1/4 Tax Lot 300  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

34875 NW ZION CHURCH RD., CORNELIU, OR 97113

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	02-26-2014		19.5

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 198

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
02-26-2014	198	208	24		19.5

**(11) WELL LOG**

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

Material	From	To
BROWN CLAY	0	19
GRAY SILTY CLAY	19	53
STICKY GRAY CLAY	53	56
STICKY BROWN CLAY	56	124
COARSE BROWN SAND	124	128
STICKY GRAY CLAY	128	196
FINE TO COARSE BROWN SAND WITH SOME FINE GRAVEL	196	209
STICKY GRAY CLAY	209	212
RECEIVED BY OWRD		
MAR 03 2014		
SALEM, OR		

Date Started 02-20-2014 Completed 02-26-2014

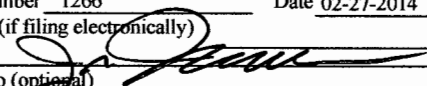
**(unbonded) Water Well Constructor Certification**

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 02-27-2014  
 Password : (if filing electronically) \_\_\_\_\_  
 Signed   
 Contact Info (optional) \_\_\_\_\_