

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

WELL LABEL # L 113890

START CARD # 210545

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

First Name GRACE Last Name DINSDALE
 Company BLOOMING NURSERY #2
 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/
Dia	From	To	Material	From	To	Amt lbs
10	0	212	Bentonite	0	30	12 S
			Cement	30	160	25 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 160 ft. to 212 ft. Material Sand & Gravel Size pea gravel
 Explosives used: Yes Type _____ Amount + 10 Sand

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1.5	178	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		208	212	.250	<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	Casing/	Screen	Casing/	Screen	Scrm/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	pipe size
Screen	Casing	6	178	188	.020			PIPE
Screen	Casing	6	188	198	.030			PIPE
Screen	Casing	6	198	208	.040			PIPE

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
24	48		1
36		110	1.5
45		140	

Temperature 56 °F Lab analysis Yes No

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	03-22-2014		20

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 178

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-22-2014	178	208	45		20

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY	0	19
GRAY SILTY CLAY	19	57
STICKY GRAY CLAY	57	63
SOFT BROWN SANDY CLAY	63	68
FINE TO MEDIUM RED-BROWN SAND	68	75
STICKY BROWN CLAY	75	127
SOFT GRAY SANDY CLAY	127	136
STICKY GRAY CLAY	136	149
SOFT DARK BROWN CLAY	149	156
STICKY GRAY CLAY	156	181
FINE TO COARSE BROWN SAND WITH CLAY INTERBEDS	181	209
STICKY GRAY CLAY	209	212

RECEIVED BY OWRD
 MAR 26 2014
 SALEM, OR

Date Started 03-17-2014 Completed 03-22-2014

(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 03-24-2014

Password : (if filing electronically) _____

Signed _____

Contact Info (optional) _____