

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

WASH 75947
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WELL I.D. LABEL# 126073
START CARD # 214669
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. SEP 22 2017
First Name _____ Last Name _____
Company LAUREL ACRES WATER COMPANY
Address 9285 SW 310TH AVENUE
City CORNELIUS, State OR Zip 97113 SALEM, OR

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(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 495 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	194	Bentonite	0	2	3	S
					Calculated	2.28	
8	194	495	Cement with 5% Benc	2	194	112	S
					Calculated	45.48	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other POUR INTO ANNULAR

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
☒ ☐ 8 ☒ 2 194 .322 ☒ ☐ ☒ ☐
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		Screen/slot		Slot		# of		Tele/	
green	Liner	Dia	From	To	width	length	slots	pipe size							

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

Yield gal/min		Drawdown		Drill stem/Pump depth		Duration (hr)	
60				250		1	
60				375			
70				475		1.5	

Temperature 59 °F Lab analysis ☐ Yes By _____

Water quality concerns?		TDS amount 155 ppm		ppm	
From	To	Description	Amount	Units	

(9) LOCATION OF WELL (legal description)

County WASHINGTON Twp 1 S N/S Range 3 W E/W WM
Sec 25 NW 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☒ Street address of well ☐ Nearest address

9125 SW 310TH AVE.

(10) STATIC WATER LEVEL

Date		SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	09-07-2017			103
Flowing Artesian?				
Dry Hole?				

WATER BEARING ZONES

Depth water was first found 365

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-07-2017	365	475	70			103

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY	0	16
BROWN CLAY WITH ROCK FRAGMENTS	16	31
HARD GRAY BOULDERS WITH CLAY	31	40
DECOMP RED BROWN BASALT W/BOULDERS	40	59
BROWN CLAY WITH ROCK FRAGMENTS	59	62
SOFT GRAY BROWN BASALT W/CLAY &	62	
DECOMP STREAKS		75
FIRM RED BROWN CLAY	75	94
FIRM GRAY BROWN BASALT	94	99
HARD GRAY BASALT	99	120
FIRM GRAY BROWN BASALT	120	141
SOFT BLACK BASALT	141	159
FIRM GRAY/GRAY BROWN BASALT	159	177
FIRM GRAY BASALT	177	250
FRACTURED GRAY BROWN BASALT	250	255
GRAY BLACK BASALT	255	341
GRAY/GRAY BLACK BASALT	341	352
GRAY/GRAY BROWN BASALT	352	371
GRAY/GRAY BLACK BASALT	371	495

Date Started 07-25-2017 Completed 09-07-2017

(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 1492 Date 09-18-2017

Signed *Mer Bigsby*

(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 09-18-2017

Signed _____

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95

SALEM, OR

JUL 25 2017

FINAL ORDER
Oregon Water Resources Department

OWRD

**REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT
INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240**

Before request can be considered, the following must be answered. Requests shall be submitted to the Well Construction Specialist, Water Resources Department. Requests may also be considered by the appropriate Regional Manager.

Date of request: 7/26/17 Oral approval date (if applicable): 7/24/17

Bonded Well Constructor (name, license #, and mailing address): Roy N. Jansson

1266 ~~214669~~ 2489 S.E. T.V. Hwy #344 Hillsboro, OR 97123

(1) Location of Well: NW 1/4 6E 1/4 of Section 25,

Township 1 ~~N~~ S, Range 3 ~~E~~ W, Washington County.

Address at well site: 9125
9285 S.W. 310th (TL#1200)

(2) Start Card Number(s): 214669

(3) Name and Address of Land Owner: Laurel Acres Water Company Inc

9285 S.W. 310th Cornelius OR 97113

(4) Distance to the nearest well, septic tank or drainfield (if water supply well): _____

(5) The unusual conditions which necessitate this request: Restricted area for
siting well - well inside the minimum 100' setback
from drain field. min distance 67' per R.S 7/27/17 2100W
242.

(6) The proposed construction methods that the well constructor believes will be adequate for this well (attach additional pages if needed)

4" Angular seal shall extend to 200' ± into hard
unconsolidated basalt. Casing shall be grouted up contact
from bottom to top.

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- (7) Diagram showing the pertinent features of the proposed well design and construction (attach additional pages if needed):

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PLEASE NOTE:

- (1) If approved, all other phases of well construction must comply with the appropriate standards described in OAR 690-200 through 690-240.
- (2) If it should be determined at some future date that the well, due to its construction, is allowing groundwater contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.
- (3) If oral approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of oral approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: _____

For Water Resources Department Use Only

Date: _____

Approved by: _____ Denied by: _____

Remarks: _____

revised: 6-99