

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL # L 126070

START CARD # 214885

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
 First Name _____ Last Name _____
 Company VISITATION OF THE BLESSED VIRGIN MARY CATHOLIC CH.
 Address 4285 NW VISITATION ROAD
 City FOREST GROVE State OR Zip 97116

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Dia + From To Gauge Stil 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 974 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	874	Cement w/5% Bentonit	0	874	266	S
					Calculated	167.65	
5.87	874	974					
					Calculated		

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
☒ ☐ 6 ☒ 1 875 .280 ☒ ☐ ☒ ☐
 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	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	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)
36		300	.5
45		600	1
45		950	2

Temperature 58.1 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 191 ppm
 From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASHINGTON Twp 1 N N/S Range 3 W E/W WM
 Sec 20 SE 1/4 of the SW 1/4 Tax Lot 1400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
☒ Street address of well ☐ Nearest address

4189 NW VISITATION ROAD, FOREST GROVE, OR 97116

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	12-29-2017		29

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 925

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-29-2017	925	974	45		29

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY	0	41
GRAY CLAY	41	55
STICKY LITE BROWN CLAY	55	72
SOFT BROWN SILTY CLAY	72	145
STICKY GRAY BROWN CLAY	145	428
SOFT GRAY SANDY CLAY	428	451
FINE TO COARSE BLACK SAND	451	462
STICKY GRAY CLAY	462	741
STICKY RED BROWN CLAY	741	779
DECOMP BROWN BASALT	779	813
STICKY RED & GRAY CLAY	813	824
STICKY GRAY BROWN CLAY	824	839
DECOMP GRAY BLACK BASALT	839	848
FIRM GRAY BLACK BASALT	848	974

Date Started 12-04-2017 Completed 12-29-2017

(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 _____ Date _____

Signed _____ OWRD

(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 12-30-2017

Signed _____

Contact Info (optional) _____