WASH 78829

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

WELL I.D. LABEL# L 137218
START CARD # 216878
ORIGINAL LOG # WASH 78804

Original determined by OWRD

**(1) LAND OWNER** Owner Well I.D.
First Name DAVID Last Name HEESACKER
Company
Address 45237 NW BUCKLEY RD
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 | 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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

**(5) BORE HOLE CONSTRUCTION** Special Standard ☐ (Attach copy)
Depth of Completed Well 423 ft.

| BORE HOLE Dia | From | To | SEAL Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|---|---|---|
| 6 | 393 | 423 | | | | | |
| | | | | | Calculated | | |
| | | | | | | | |
| | | | | | 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 | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

**(7) PERFORATIONS/SCREENS**
Perforations Method
Screens Type Material

| Perf/Screen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ 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) |
|---|---|---|---|---|
| F | 60 | FLOWING | | 1 |
| A | 156 | | 400 | 1 |
| | | | | |

Temperature 62.4 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |

**(9) LOCATION OF WELL (legal description)**
County WASHINGTON Twp 1 N N/S Range 4 W E/W WM
Sec 14 SW 1/4 of the SE 1/4 Tax Lot 1600
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
45237 NW BUCKLEY RD., FOREST GROVE, OR

**(10) STATIC WATER LEVEL**

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | | | | |
| Completed Well | 04-21-2020 | 18 | + | 41.6 |

Flowing Artesian? ☒ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 393

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 04-21-2020 | 393 | 423 | 156 | 18 | + | 41.6 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**(11) WELL LOG** Ground Elevation

| Material | From | To |
|---|---|---|
| | | |
| DEEPEN EXISTING 6" DOMESTIC WELL | 0 | 393 |
| | | |
| FIRM GRAY BROWN BASALT | 393 | 423 |

RECEIVED
APR 27 2020
OWRD

Date Started 04-21-2020 Completed 04-21-2020

**(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

**(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 04-22-2020
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