WASH 78830

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

WELL I.D. LABEL# L 137219
START CARD # 216806
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name GARY Last Name CHAFFINS
Company
Address 8554 NW HWY. 47
City FOREST GROVE State OR Zip 97116

(2) TYPE OF WORK
[X] 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 [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 103 ft.

BORE HOLE

Dia	From	To
10	0	103

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	6	7	S
		Calculated	3.07	
Cement with 5% Bentc	6	62	20	S
		Calculated	10.73	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other POUR INTO ANNULAR
Backfill placed from ft. to ft. Material
Filter pack from 62 ft. to 103 ft. Material SAND Size 1C
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
●	○	6	X	1	80	200#	○	●	X	
●	○	6		100	103	200#	○	●	X	
○	●	8	X	1.5	5	.250	●	○		
○	○						○	○		
○	○						○	○		

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

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type SLOTTED Material PVC

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen	Casing	6	80	100	.020			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)
12	55.5		
15	66.5		1

Temperature 57.2 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 289 ppm

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 7 NW 1/4 of the SW 1/4 Tax Lot 1700
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
● Street address of well ○ Nearest address
8554 NW HWY 47, FOREST GROVE, OR 97116

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	04-17-2020			8.5

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 83

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-17-2020	83	100	15			8.5

(11) WELL LOG
Ground Elevation

Material	From	To
BROWN CLAY	0	22
GRAY CLAY	22	63
STICKY GRAY CLAY	63	70
STICKY BROWN CLAY	70	83
FINE TO MEDIUM BLACK SAND WITH WOOD	83	
& CLAY		87
WOOD WITH TRACE OF SAND	87	90
SOFT BLUE GRAY SANDY CLAY	90	94
MEDIUM TO COARSE BROWN/BLACK SAND	94	100
STICKY BLUE GRAY CLAY	100	103

RECEIVED
APR 24 2020
OWRD

Date Started 04-15-2020 Completed 04-17-2020

(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 04-20-2020
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