WASH 78840

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

WELL I.D. LABEL# L 137220
START CARD # 216879
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. ____
First Name RICH Last Name PARIS
Company ____
Address 1500 NW MARTIN 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:	6	☐	0	123	.250	◉	○	☐	☐

	Material	From	To	Amt	sacks/lbs
Seal:	Bentonite	0	50		

(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 140 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
6	0	140					
					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
○	◉	4	☐	8	120	200#	○	◉	☐	☒
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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	Liner	4	120	140	.010			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)
8		84	1

Temperature 57 °F Lab analysis ☐ Yes By ____
Water quality concerns? ☐ Yes (describe below) TDS amount 234 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 32 NW 1/4 of the NE 1/4 Tax Lot 600
Tax Map Number ____ Lot ____
Lat ____ ° ____ ' ____ " or ____ DMS or DD
Long ____ ° ____ ' ____ " or ____ DMS or DD
◉ Street address of well ○ Nearest address

1500 NW MARTIN RD., FOREST GROVE, OR 97116

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	04-24-2020		☐	30
Completed Well	04-28-2020		☐	30

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 120

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-28-2020	120	140	8			30

(11) WELL LOG

Ground Elevation ____

Material	From	To
ORIGINAL SEAL WAS NOT DISTURBED IN		
EXISTING 6" WELL CLEAN OUT & REPAIR	0	140
REMOVED 5-9/16" LINER FROM WELL		
INSTALLED 4" PVC LINER AND SCREEN		
PACKED WITH FILTER PACK SAND		

RECEIVED
MAY 04 2020
OWRD

Date Started 04-24-2020 Completed 04-28-2020

(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 04-29-2020
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