WASH 78863

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

WELL I.D. LABEL# L 137227
START CARD # 216881
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name BEN Last Name TANNER
Company
Address 36445 NW LONG RD
City CORNELIUS State OR Zip 97113

(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 80 ft.

BORE HOLE

Dia	From	To
10	0	80
6	80	327

SEAL

Material	From	To	Amt	sacks/lbs
Cement w/2% Bentonii	0	32	9	S
		Calculated	7.57	
Cement with 5% Bentc	80	327	36	S
		Calculated	7.57	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other
Backfill placed from ft. to ft. Material
Filter pack from 32 ft. to 80 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	45	200#	( )	(•)	[X]	[ ]
(•)	( )	6	[ ]	75	80	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 200

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen	Casing	6	45	75	.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)
8	39		1
10	59		1

Temperature 58.2 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 314 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 28 NE 1/4 of the SE 1/4 Tax Lot 2200
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
( ) Street address of well (•) Nearest address
36445 NW LONG RD., CORNELIUS, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	05-04-2020			6

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
05-04-2020	45	75	10			6

(11) WELL LOG
Ground Elevation

Material	From	To
BROWN CLAY	0	29
SOFT GRAY SILTY CLAY	29	74
STICKY BLUE GRAY CLAY	74	81
SOFT GRAY SANDY CLAY	81	97
BROWN SANDY CLAY	97	99
FINE TO MEDIUM BROWN SAND	99	102
STICKY LITE BROWN CLAY	102	112
FINE TO COARSE RED BROWN SAND W/CLAY	112	122
STICKY LITE BROWN CLAY	122	129
STICKY GRAY CLAY	129	157
SOFT BLUE GRAY CLAY	157	161
MEDIUM BLACK SAND	161	164
STICKY GRAY CLAY	164	230
SOFT GRAY SANDY CLAY	230	237
STICKY GRAY CLAY	237	327
WELL COMPLETED @ 80 FT.		
LOWER BORE ABANDONED FILLED WITH		
CEMENT GROUT (80-327 fT.)		

Date Started 04-28-2020 Completed 05-05-2020

(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 MAY 08 2020
Signed

RECEIVED
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 05-06-2020
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