

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.765)

*WASH*  
*087*

*1N/3W/32cd*

(START CARD) # 21783

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name Masonic Grand Lodge  
 Address 3435 Pacific Ave.  
 City Forest Grove State OR Zip 97116

**(2) TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

**(4) PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval Yes No \_\_\_\_\_ Depth of Completed Well \_\_\_\_\_ ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_  

HOLE Diameter	From To		Material	SEAL From To		Amount sacks or pounds

  
 How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER:**

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

  
 Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**  
 County Washington Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 1N N or S, Range 3W E or W, WM. \_\_\_\_\_  
 Section 32 SE 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 3435 Pacific Ave.  
Forest Grove, OR

**(10) STATIC WATER LEVEL:**  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
<u>Casing side drilled, three sides to 20 ft. and pressure grouted using method C.</u>			
<u>10 sacks Portland Cement</u>			
<del>RELIEVED</del>			
<u>AUG 17 1993</u>			
<u>WATER RESOURCES DEPT.</u>			

Date started 07/25/90 Completed 07/25/90

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed \_\_\_\_\_ WWC Number \_\_\_\_\_ Date \_\_\_\_\_

**(bonded) Water Well Constructor Certification:**  
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed \_\_\_\_\_ WWC Number 573 Date 07/31/90