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

JUL 14 1986

WATER RESOURCES DEPT

SALEM, OREGON

(1) OWNER: Owner's Well Number _____
Name Oregon Berry Packing
Address Route 6, Box 232
City Hillsboro State Oregon Zip 97123

(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:
Depth of Completed Well 155 ft.
Special Standards date of approval _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
11"	0	60	Cement +5% gel	0	60	21 sacks
11"	60	155				

How was seal placed? Method A B KC D E
 Other Drill gel from 60' to 80'
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 80 ft. to 155 ft. Size of gravel IC #8

Casing: Liner:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6"	+1	93	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	113	119	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6"	129	141	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5-9/16"	149	155	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) _____

(6) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type Johnson Material Low Carbon
Tele/pipe & S.S.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
93	113	.020		6"		<input type="checkbox"/>	<input type="checkbox"/>
119	129	.020		6"		<input type="checkbox"/>	<input type="checkbox"/>
141	149	.030		5"		<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Pumping level	Drill stem at	Time
24		XXX 40	1/2 hr
42		XXX 60	1 hr
51		XXX 80	3 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 Wash. Latitude _____ Longitude _____
Township XX 1 S N or S, Range 2 W E or W, WM.
Section 18 SE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 7/7/86
Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Soft brown silty clay	0	16		
Soft gray silty clay	16	19		
Fine gray sand w/clay streaks	19	50		
Soft gray silty clay	50	86		
Soft dark brown clay	86	93		
Fine black sand	93	95		
Soft gray clay	95	99		
Fine gray sand w/some coarse & wood	99	113		
Sticky gray clay	113	119		
Fine to coarse brown sand	119	129		
Sticky gray clay	129	141		
Fine to coarse black sand	141	149		
Sticky gray clay	149	154		
Soft brown & gray-brown clays	154	165		
WELL COMPLETED TO 155'				

Date started 7/3/86 Completed 7/7/86

(unbonded) Water Well Constructor Certification:
I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
Signed *B. Janssen* Date 7/9/86
A. M. JANSSEN WELL DRILLING CO., INC.
Company _____ Co. Job No. _____