

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

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WASH
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15/2W-18dc

(1) OWNER:

Name Oregon Berry Packing Co. **SALEM, OREGON**
 Address Route 6, Box 232
 City Hillsboro, Oregon State 97123 Zip _____

(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 70 ft.

Special Standards date of approval _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
18"	0 70	Cement +5% gel	0 18	22 sacks	

How was seal placed? Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 18 ft. to 70 ft. Size of gravel 8 Aqua

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	25	SDR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	65	70	SDR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 Slotted PVC Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25	65	.020				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/4 hr
50		27 ft.	
20		16 ft.	1 hr
20		16 ft.	2 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 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:

7 ft. below land surface. Date 4/4/86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Material	From	To	WB?	SWL
Topsoil	0	1		
Soft dark brown clay	1	4		
Soft light brown silty clay	4	24		
Fine brown silty sand	24	46		
Soft light gray sandy clay w/wood	46	65		
Sticky light gray clay	65	108		
Soft gray sandy clay	108	118		
Coarse black sand	118	121		
Soft gray sandy clay	121	128		
Sticky gray clay	128	140		
Med. to coarse black sand	140	142		
Soft gray sandy clay	142	160		
WELL COMPLETED TO 70 FT.				

Date started 3/31/86 Completed 4/4/86

(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 [Signature] Date 4/9/86

Company A. M. JANNSEN WELL DRILLING Job No. _____