

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 95447

START CARD # 198422

(1) LAND OWNER

Owner Well I.D. _____

First Name Francine

Last Name Snisky

Company _____

Address P.O. Box 133

City Cornelius

State OR

Zip 97113

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 305 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
10	0	39	Bentonite	0	8	4 S
			Cement	8	39	8 S
6.5	39	305				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other Pour in annular

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	39	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	<input type="checkbox"/>	5	305	160#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Drilled

Screens Type _____ Material PVC160

Perf/	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Perf	Liner	4.5	245	305	3/8 Dia			120	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3		290	1

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASHINGT Twp 1 S N/S Range 3 W E/W WM

Sec 20 SE 1/4 of the SE 1/4 Tax Lot 505

Tax Map Number _____ Lot _____

Lat _____ ° 0 ' " or _____ DMS or DD

Long _____ ° 0 ' " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

7570 SW Mountainside Drive, Cornelius, OR

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening		
Completed Well	07-21-2008	227

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 288

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-21-2008	288	292	3		227

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown clay	0	4
Red-brown clay	4	21
Decomp. brown basalt	21	31
Firm gray-brown basalt	31	104
Soft brown & black basalt	104	163
Firm gray-black basalt	163	191
Soft lite gray clay	191	195
Soft black basalt	195	211
Firm gray basalt	211	244
Soft black basalt	244	261
Firm gray basalt	261	291
Sticky gray clay	291	305

RECEIVED

JUL 24 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 07-16-2008

Completed 07-21-2008

(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 _____

Password: (if filing electronically) _____

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 07-22-2008

Password: (if filing electronically) _____

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: 0.88