

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

16 CLAC
19713

RECEIVED
SEP 16 1994

3s/1w/10db

(START CARD) # 69936

Instructions for completing this report are on the last page of this form WATER RESOURCES DEPT.

(1) OWNER: Well Number _____
Name BOB HARTFORD
Address 26940 SW GRAHAMS FERRY RD
City SHERWOOD State OR Zip 97140

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other NUMEX

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	Cement	0	20	6 sks+gel
8	20	99	Cement	20	99	8 sks+gel
5 1/2	99	160				

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:	6"	+1 1/2	99	250	<input checked="" type="checkbox"/>	<input 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) NUMEX SHOE @ 99 ft. (ID 5 1/2)

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
55-60		100-160	1 hr.
36-40		80	"

Temperature of water 50 F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 40-70 ft.

(9) LOCATION OF WELL by legal description:
County CLACKAMAS Latitude _____ Longitude _____
Township 3S N or S Range 1W E or W. WM.
Section 10 NW 1/4 SE 1/4
Tax Lot PARCEL #1 Block _____ Subdivision _____
Street Address of Well (or nearest address) 26940 SW GRAHAMS FERRY RD., SHERWOOD, OR 97140

(10) STATIC WATER LEVEL:
43 ft. below land surface. Date 08/31/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 100

From	To	Estimated Flow Rate	SWL
100	140	10 gpm	43
140	160	50 gpm	43

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown silty clay soil	0	3	
Brown clay w/small gravel	3	9	
Brown basalt boulders, gravel & clay	9	50	
Brown basalt, weathered, brkn.	50	70	
Gray-brown clay & rotten rock	70	80	
Gray-black basalt, hard	80	85	
Brown & gray-brown basalt	85	90	
Gray-black basalt, hard, frac.	90	125	43
Gray basalt, hard, fracutres & crevices	125	160	43

Date started 08/29/94 Completed 08/31/94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 573
Signed _____ Date 09/12/94