

RECEIVED

WASH

13/3W-25db
Deep

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

SEP - 1 1987

010896

(1) OWNER:

Name Laurel Acres Mobile Estate
Address 9285 S. W. 310th
City Cornelius State OR Zip 97113

Well Number: _____
WATER RESOURCES DEPT.

(9) LOCATION OF WELL by legal description:

County Washington Latitude _____ Longitude _____
Township 1 S N or S, Range 3 W E or W, WM.
Section 25 NW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 9285 S. W. 310th,
Cornelius, OR

(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 460 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
6"	180	470		

How was seal placed: Method A B C D E
 Other Seal not disturbed

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:	<u>not disturbed</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4"</u>	<u>0</u>	<u>460</u>	<u>200#</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Drill
 Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>440</u>	<u>460</u>		<u>80</u>	<u>1/2"</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<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

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>50</u>		<u>440</u>	<u>1 hr.</u>

Temperature of water 56° F 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: _____

(10) STATIC WATER LEVEL:

90 ft. below land surface. Date 8/28/87
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
-	180	12 gpm	90
260	310	6 gpm	90
445	455	32 gpm (+)	90

(12) WELL LOG:

Ground elevation 250

Material	From	To	SWL
Previously drilled-open hole	0	175	90
" " " -fill	175	180	
Gray-black basalt, hard	180	260	
Black basalt & lava, broken, caving	260	280	90
Black & brown basalt, broken	280	310	"
Gray-black basalt, hard	310	330	
Brown basalt, broken	330	345	
Black & brown basalt, broken, creviced	345	380	
Gray-black basalt, hard, creviced	380	445	
Black basalt, broken	445	455	90
Gray basalt, hard (caved/fill)	455	470	
	(460)	(470)	

Date started 8/25/87 Completed 8/28/87

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 573
Signed _____ Date 8/29/87