

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

JAN 17 1990
WASH 11435
 WATER RESOURCES DEPT
 SALEM, OREGON

WASH 011435
 (START CARD) # 14821
 2s/tw/4ac

(1) OWNER:
 Name City of Tigard Well Number: _____
 Address P. O. Box 23397
 City Tigard State OR Zip 97223

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
		See #12		

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
8"	+1	104	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input 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 Drive down
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	104	1/4" x 3	1248			<input checked="" 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 _____

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 2 S N or S, Range 1 W E or W, WM.
 Section 4 SW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Casing perforated/well abandoned			
Cement/gel grout	0	130	34sack
Gravel backfill	130	190	
Cement grout	190	210	6 sack
Gravel fill	210	260	
Cement grout	260	275	5 sack
Gravel fill	275	325	
Cement grout	325	340	5 sack
Gravel fill	340	370	
Cement grout	370	385	5 sacks

Date started 1/12/90 Completed 1/5/90

(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 1266
 Signed [Signature] Date 1/15/90

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 1-12-90
 Date Hand-delivered _____
 Watermaster Initials K.F.

W- 14621
 WRD Receipt _____
 Date Fee Received _____

RECEIVED

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
 (as required by ORS 537.762)

JAN 11 1990

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A **\$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well** (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee **will not be accepted** as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address City of Tigard
P.O. Box 23897
Tigard Ore 97223

Check type of work: New construction Repair Recondition
 Deepening Conversion Abandonment

Proposed Commencement Date 1/11/90

Existing or Proposed Well Depth 385 Diameter 8

Check Use: Domestic Community Industrial Irrigation Monitoring
 Thermal Injection Other _____

Proposed Well Location: County Wash.

Township 2S (N or S) Range 1W (E or W) Section 4



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- SW 1/4 of NE 1/4 of above section
- Street address of well location 133rd Hart St.
well in public rt of way
- Tax lot number of well location ≈ 13700
- Attach map with location identified.
(See reverse of this form for approved maps)
- Show well location within 1/4, 1/4 of section grid at left.

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

 Owner's signature

 Title

 Date

 Home phone

 Work phone

[Signature]
 Bonded Water Well Constructor
 License No. 1266
 Company A.M. Jannson Well

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO DISTRICT WATERMASTER

RECEIVED JAN 16 1990