

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

**RECEIVED**

WASH  
 013459

25/3W-12da

Well Number: JUN 29 1987

**(1) OWNER:**

Name Alan W. Sohler  
 Address Rt. 2, Box 1016  
 City Hillsboro State 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:**

Local Construction approval Yes No   Depth of Completed Well 252 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6"	0	21	Cement/gel	0	21	6 sacks
6"	21	71	puddled clay	21	71	
10"	61	91	Cement/gel	61	91	8 sacks
6"	91	252				

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:**

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	6"	+1	92	.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) \_\_\_\_\_

**PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens 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"/>
						<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
15		130	1 hr.
24		190	
28		250	

Temperature of water 53° 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: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**

County Washington Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 2 S N or S, Range 3 W E or W, WM.  
 Section 12 NE ¼ SE ¼  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

95 ft. below land surface. Date 6/24/87  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 148

From	To	Estimated Flow Rate	SWL
148	186	15 gpm	95
186	190	5 gpm	"
218	239	8 gpm	"

**(12) WELL LOG:**

Material	Ground elevation		SWL
	From	To	
Topsoil	0	1	
Firm brown clay	1	11	
Sticky red-brown clay	11	41	
Decomposed brown basalt	41	82	
Firm gray basalt	82	95	
Hard gray basalt	95	148	
Firm gray-black basalt, occ. soft interbed	148	186	
Soft light brown basalt	186	190	
Firm gray basalt	190	218	
Soft gray-black basalt	218	239	
Firm gray-black basalt	239	252	

Date started 6/22/87 Completed 6/24/87

**(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 1266  
 Signed *[Signature]* Date 6/25/87