

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

WASH 1378

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MAR 25 1992

35/1w/3ab

WATER RESOURCES DEPT (START CARD) # 33741

(1) OWNER:
 Name Dale Dickert
 Address 11250 SW Clay St
 City Sherwood State OR Zip 97140
 Well Number: 743

(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
 Yes No XX
 Explosives used XX Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	40'	Cement	0'	99'	16 Sacks
8"	40'	100'				
6"	100'	205'				

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/Liner	Diameter	From	To	Gauge	Seal			
					Steel	Plastic	Welded	Threaded
Casing	6"	+1'	99'	.025	<input checked="" type="checkbox"/> XX	<input type="checkbox"/>	<input checked="" type="checkbox"/> XX	<input type="checkbox"/>
Liner	4"	-2	205'		<input type="checkbox"/>	<input checked="" type="checkbox"/> X	Gilmed	<input type="checkbox"/>

Final location of shoe(s) 99'

(7) PERFORATIONS/SCREENS:
 Perforations Method Grinding Wheel
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
145'	175'	10x $\frac{1}{2}$ "	27			<input type="checkbox"/>	<input checked="" type="checkbox"/> XX
195'	205'	10x $\frac{1}{2}$ "	9			<input type="checkbox"/>	<input checked="" type="checkbox"/> XX

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
40 GPM _____ 205' 1 hr.

Temperature of water 53° 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 3-S Nor or S. Range 1-W E or W. WM. _____
 Section 3 AB $\frac{1}{4}$ $\frac{1}{4}$
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 11250 SW Clay, Sherwood, OR 97140

(10) STATIC WATER LEVEL:
45' ft. below land surface. Date 3/19/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 120'

From	To	Estimated Flow Rate	SWL
120'		2 GPM	n/a
135'		3 GPM	n/a
150'		6 GPM	n/a
185'	205'	29 GPM	45'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Boulders & Clay	0	2	
Clay & Rock	2	18	
M.H. Brown Decomp. Basalt	18	25	
Soft Decomposed Brwn. Rock	25	70	
Hard Gray Basalt	70	75	
M.H. Brown Decomposed Basalt	75	90	
Hard Gray Basalt	90	105	
Hard Brown /Gray Basalt	105	115	
Hard Brown Basalt	115	125	
Hard Gray/Brown Basalt	125	135	
M.H. Brown/Gray w/ Soapstone	135	150	
Hard Gray/Brown Basalt	150	170	
Hard Gray Basalt	170	185	
M.H. Gray Basalt	185	195	
Hard Gray/Brown/Red Basalt	195	205	45'

Date started 3/17/92 Completed 3/19/92

(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.
 Signed _____ WWC Number _____
 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.
 Signed [Signature] WWC Number 645
 Date 3/23/92