

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

**WASH**  
**1383**

MAR 26 1992

1N/2W/11da

WATER RESOURCES DEPT (START CARD) # 38544

(1) OWNER: Well Number \_\_\_\_\_  
Name KATHRYN OWEN  
Address 1600 43RD EAST  
City SEATTLE State WA Zip 98112

(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 365 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	320	Cement	0	40	10 skstge
			Cement	250	320	16 skstge
6-3/4	320	340				
6	340	365				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from 40 ft. to 250 ft. Material Bent. chips  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel hivisc gel pk

(6) CASING/LINER:

Diameter	From	To	Gauge	Seal			
				Steel	Plastic	Welded	Threaded
Casing: <u>6</u>	<u>+1</u>	<u>340</u>	<u>250</u>	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>	<input checked="checked" 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 \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<del>_____ _____ _____ _____</del>							

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
125-150		365	1 hr.
60		150	"
40		120	"

Temperature of Water 54 ° 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 1N N or S. Range 2W E or W. WM. \_\_\_\_\_  
Section 11 NE ¼ SE ¼  
Tax Lot 1300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 8960 NW DICK RD  
HILLSBORO, OR 97124

(10) STATIC WATER LEVEL:  
62 ft. below land surface. Date 03/23/91  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 340

From	To	Estimated Flow Rate	SWL
340	365	125 - 150 gpm	62

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown gray-brown & red-brown clay occ rotten rock	0		
Brown rotten rock & clay	200	225	
Brown basalt weathered w/clay	225	280	
Brown basalt, occ weath. occ clay	280		320
Brown basalt, firm, occ soft streaks	320	350	62
Brown & gray-brown basalt, brkn	350	365	62

Date started 03/19/92 Completed 03/23/92

(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 \_\_\_\_\_ Date \_\_\_\_\_ WWC Number \_\_\_\_\_

(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 \_\_\_\_\_ Date 03/24/92 WWC Number 573