

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

WASH
 1536

JUL - 6 1992

1s/2w/18cb
 39026

(START CARD) #

(1) OWNER: Brian H. Ross Well Number: _____
 Name _____
 Address PO Box 1473
 City Tualatin State OR Zip 97062

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

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|-----------|------|----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 10 | 0 | 25 | Bentonite | 0 | 25 | 71 |
| 6 | 25 | 180 | | | | |

How was seal placed: Method A B C D E
 Other poured from the top dry
 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 | |
|-----------|------|-----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No | Yes | No | Yes | No | Yes | No |
| Casing: 6 | 72 | 178 | .450 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

Final location of shoe(s) 178

(7) 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 10 Drawdown 100 Drill stem at 160 Time 1 hr.

Temperature of water 59 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 Wash. Latitude _____ Longitude _____
 Township 1 N or S Range 2 E or W. M.
 Section 18 NW 1/4 SW 1/4
 Tax Lot 1508 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 30142 SW Grabel Rd. Hillsboro, OR. 97123

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date 6/29/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 110

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 110 | 130 | 15 | 35 |
| 175 | 178 | 10 | 60 |

(12) WELL LOG: Ground elevation _____

| Material | From | To | SWL |
|------------------------------|------|-----|-----|
| Top soil | 0 | 1 | |
| Clay Brown | 1 | 25 | |
| Clay Brown + Red | 25 | 35 | |
| Sand + Clay Gray + Brown | 35 | 45 | |
| Silt Brown | 45 | 110 | |
| Clay + sand Gray | 110 | 130 | 35 |
| Clay + sand some (hard) Gray | 130 | 135 | |
| Clay Brown | 135 | 149 | |
| Clay Gray | 149 | 155 | |
| Clay Green | 155 | 175 | |
| Gravel (fl.) + Clay Gray | 175 | 179 | 60 |
| Clay Gray | 179 | 180 | |

Date started 6/25/92 Completed 6/29/92

(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.
 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 663
 Signed Paul C. Ehr Date 6/29/92