

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

WASH
 1694

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OCT - 7 1992

2s/lw/35ab

(START CARD) # 45183

(1) OWNER:

Name Tigard-Twalation School Dist#23J
 Address 13137 SW Pacific Hwy
 City Tigard State OR. Zip 97223

Well Number _____
 SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Wash. Latitude _____ Longitude _____
 Township 2 N or S. Range 1 E or W. WM.
 Section 35 NW ¼ NE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Boonsfreey RD.

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	178	cement	0	178	36
8	178	400				

How was seal placed: Method A B C D E
 Other filled from the bottom up

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
Casing: 8	+2	178	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) _____

(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	Drawdown	Drill stem at	Time
150	100	380	xxx 5hr.

Temperature of Water 54 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: _____

(10) STATIC WATER LEVEL:

149 ft. below land surface. Date 9/24/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
61	78	5	60
145	165	75	89
220	400	150	149

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
tOp soil	0	1	
clay brown	1	12	
clay gray/brown	12	15	
rock gray broken	15	25	
rock clay gray/brown	25	35	
rock gray	35	61	
rock brown/gray	61	78	
rock gray	78	119	
rock gray/red	119	125	
rock gray	125	139	
rock gray/green	139	145	
rock gray/green/brown	145	165	
rock gray	165	188	
rock gray/green	188	219	
rock gray/brown/yellow	219	232	
rock gray	232	340	
rock gray/red/green	340	358	
rock gray/green	358	372	
rock gray	372	381	
rock gray/red/green cindery	381	390	
rock gray	390	400	

Date started 9/21/92 Completed 9/24/92

(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.

WVC 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.

WVC Number 663
 Signed Rockney C. Egan Date 9/30/92