

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

RECEIVED

15/2w/2366

(START CARD) # 17979

(1) OWNER:

Name Randy Ainslie Well Number: _____
 Address P.O. Box 7217
 City Aloha State OR Zip 97007

(9) LOCATION OF WELL by legal description:

Washington County Latitude _____ Longitude _____
 Township _____ N or S, Range 2W E or W, WM. _____
 Section 23 NW $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot 601 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 22330 SW Murphy Lane
Aloha, OR 97006

(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 175 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	176	Grain/Bent.	0	25	17 sacks
			Drillgel	25	50	
			Cement	50	80	6 sacks
			Drillgel	80	140	

How was seal placed: Method Sand pack 140 176 E

Other poured into dry annulus

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 140 ft. to 176 ft. Size of gravel #1 Aqua

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
				Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Plastic	Welded	Threaded
Casing: 6	+1	161	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	171	175	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Irrigator Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
161	171	.020		6	Pipe	<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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
24	52		1 hr.

Temperature of water _____ 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:

38 ft. below land surface. Date 04/26/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 161

From	To	Estimated Flow Rate	SWL
161	171	24 gpm	38

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown clay	1	4	
Soft brown silty clay	4	38	
Soft gray silty clay	38	86	
Soft gray clay	86	91	
Soft brown clay	91	98	
Fine to Med. red brown sand	98	101	
Soft light brown sandy clay	101	114	
Soft gray sandy clay	114	149	
Sticky blue-gray clay	149	163	38
Fine to med-coarse blacksand	163	167	38
Soft gray sandy clay	167	173	38
Sticky gray clay	173	182	
Soft gray sandy clay	182	186	

Date started 04/24/90 Completed 04/26/90

(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 [Signature] WWC Number 1266
 Date 04/26/90