

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

WASH
 3016

RECEIVED

MAR - 4 1993

2N/3W/9db

(START CARD) # 52612

WATER RESOURCES DEPT.
 SALEM

(1) OWNER: Well Number _____
 Name DICK KRUEGER
 Address 21001 NW DAIRY CK. RD
 City CORNELIUS State OR Zip 97113

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	86	Cement/gel	0	70	28 sks.
6	86	100				

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	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	+1	86	SDR21	<input type="checkbox"/>	<input checked="" 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) shale trap @ 70 ft.

(7) PERFORATIONS/SCREENS:
 Perforations Method DRILLED
 Screens Type _____ Material SDR21 PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
76	86		25	3/8		<input checked="" 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
22		78	1 hr.
30		98	"

Temperature of Water 52 °F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom AMJ
 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 2N N or S. Range 3W E or W. WM. _____
 Section 9 NW 1/4 SE 1/4
 Tax Lot 1100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 21001 NW DAIRY CK RD
CORNELIUS, OR 97113

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 02/25/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 78

From	To	Estimated Flow Rate	SWL
78	95	30 gpm	17

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown clay	1	11	
Semi-cemented fine to medium gravel occ. cobble	11	32	
Soft gray sandstone occ firm gray claystone streaks	32	100	17

Date started 02/23/93 Completed 02/25/93

(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 1266
 Signed _____ Date 02/26/93