WASH 54700

RECEIVED MAY 06 1999 WATER RESOURCES DEPT SALEM, OREGON

RECEIVED JUL 01 1999 WATER RESOURCES DEPT SALEM, OREGON

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

WELL I.D. # L 23577
13810

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name Don Koch
Address 23975 SW Boones Ferry Rd.
City Tualatin State Or Zip 97062

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 283 ft.
~~Explosives used~~ ☐ ~~Yes~~ ☒ ~~No~~ Type _____ ~~Amount~~ _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	59	Bentonite	0	50	24
6	59	283				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Bentonite
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:	6	+1	59	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	10	283	160	☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 59

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Saw
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
183	283	3/16	60	4		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
13		240	1 hr.

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: _____

(9) LOCATION OF WELL by legal description:
County Wash. Latitude _____ Longitude _____
Township 3 N or S Range 1 E or W WM.
Section 2 NE 1/4 NW 1/4
Tax Lot 140 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
148 ft. below land surface. Date 4-30-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 187

~~From~~	~~To~~	~~Estimated Flow Rate~~	~~SWL~~
187	256	13+	148

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay brown	2	24	
Basalt brown soft	24	53	
" gray med.	53	68	
" brown soft	68	82	
" gray soft	82	140	
" gray brown soft	140	163	148
" gray hard	163	187	
" Conglomerate brn soft	187	256	
gray hard	256	283	

Date started 4-28-99 Completed 4-30-99

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1229
Signed _____ Date 4-30-99

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR ~~THIRD COPY-CUSTOMER~~