

RECEIVED

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

NOV 29 2001

WELL I.D. # L 51450  
START CARD # 135195

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

(1) LAND OWNER  
Name City of Beaverton  
Address 4755 SW Griffith Dr  
City Beaverton State OR Zip 97076

(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 Test hole

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 1000 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	147	concrete	0	147	60 sacks
8	147	450				
6	450	1000				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	+2	147		<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"/>	<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"/>

Liner: \_\_\_\_\_

Drive Shoe used  Inside  Outside  None  
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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump  Bailer  Air  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
275	80		120 hr.

Temperature of water 57° 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 Washington Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2 S N or S Range 1 W E or W. WM.  
Section 6 SE 1/4 NE 1/4  
Tax Lot 00175 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) NE side of intersection of SW 1000 Dr and SW Scholls Ferry Rd

(10) STATIC WATER LEVEL:  
169 ft. below land surface. Date 8-28-01  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 200

From	To	Estimated Flow Rate	SWL
200	220	5	169
300	340	75	169
340	350	100	169
880			

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Very Fine Red/brown silt	0	15	-
Weathered/Broken Basalt	15	16	-
Weathered Basalt grey	16	138	-
Basalt grey med	138	240	167
Basalt grey-black med	240	300	169
Weathered Basalt red	300	340	169
Weathered Basalt Grey/med	340	350	169
Basalt Grey med	350	660	169
Weathered grey Basalt with light green clay	660	662	169
Black/Grey Basalt med	662	815	171
Basalt Grey med fractured	815	830	169
Basalt Grey-black med	830	880	169
Weathered Basalt	880	940	169
Basalt med fractured with blue/green clay	940	960	167
Basalt grey med	960	1000	169

Date started 8-6-01 Completed 11-1-01

(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.  
Signed [Signature] WWC Number 1751 Date 11/27/01

(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.  
Signed [Signature] WWC Number 1764 Date 11/27/01