

WASH 58003
RECEIVED

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

DEC 12 2001

WATER RESOURCES DEPT

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

Wash
58003

WELL I.D. # L 48800

START CARD # 141224

(1) OWNER:

Well Number _____
Name CITY OF TIGARD
Address 13125 S.W. HALL BLVD.
City TIGARD State ORE. Zip 97223

(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 MUNICIPAL

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 606 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	300'		0'	300'	189 SACKS or 9 YARDS
12"	300'	606'				

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
Casing: 12"	13'	300'	.375	<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:

NONE

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
800 GPM	79'		
			1 hr.
			26 HRS.

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 WASHINGTON Latitude _____ Longitude _____
Township 2S N or S Range 1W E or W. WM.
Section 11 SW 1/4 NW 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10490 CANTERBURY
LANE SW, TIGARD

(10) STATIC WATER LEVEL:

256 ft. below land surface. Date Nov. 29, 2001
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 323'

From	To	Estimated Flow Rate	SWL
437'	463'	150 GPM	256'
323'	350'	50 GPM	266'
491-512/518-528'		100 GPM	256'
564'	582'	150 GPM	256'
594'	599'	150 GPM	256'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Asphalt	0'	1'	
Brown, sandy clay	1'	47'	
Decomposed basalt, brown	47'	59'	
Weathered basalt, brown	59'	142'	
Black basalt, broken	142'	175'	
Black basalt	175'	190'	
Black basalt, broken	190'	205'	
Black basalt	205'	218'	
Black + brown broken basalt	218'	265'	
Gray basalt	265'	295'	
Brown, broken basalt	295'	310'	
Weathered basalt-multicolored	310'	328'	256'
Brown + black basalt	328'	349'	256'
Gray basalt	349'	405'	
Weathered basalt-brown	405'	410'	
Gray basalt - hard	410'	437'	
Weathered basalt-multicolored	437'	463'	256'
Gray basalt, hard	463'	491'	
Weathered basalt, brown-black-tan colored	491'	512'	256'

Date started SEPT. 26, 2001 Completed November 8, 2001

(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 633

Signed Michael Waldrop Date Dec. 12, 2001

