

WASH 64447

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

Arrow 06-032

(as required by ORS 537.765)

(1) LAND OWNER:

Well Number: _____

Name: John A. Kemp
Address: 20210 SE Conzelman Road
City: Sherwood State: OR Zip: 97140

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration (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 401
Explosives Used Yes No Type _____ Amount _____

HOLE		SEAL		sacks or pounds	
Diameter	From To	Material	From To		
10"	0 219	bent chps	0 50	42 inc bf	
		cement	78 219	75 scks	
6 1/4"	219 401				

How was seal placed: Method A B C D E

Other bent chips poured-probed
Backfill placed from 50 to 78 Material bent chips
Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6"	+2'	219'	.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"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINER:

4 1/2	201	361	160#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	certilock
4 1/2	361	401	sch 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	certilock

Drive Shoe used Inside Outside None
Final location of Shoe(s): 219' 4 1/2" x 5" pvc reducer top of liner

(7) PERFORATIONS/SCREENS:

Perforations Method: saw cut
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
361	401	3/16x7	72	4 1/2	pipe	<input type="checkbox"/>	<input checked="" 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 Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

52	N/A	400	1 hr.
40	N/A	360	15 min.

Temperature of water 54 Depth Artesian Flow Found _____
Was a water analysis done? yes By whom: Arrow
Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: _____

ARROW DRILLING 503-538-4422

**WELL ID # L 85538
START CARD # 188485**

(9) LOCATION OF WELL by legal description:

County: wash Latitude: _____ Longitude: _____
Township: 2S Range: 2W
Section: 25 SW 1/4 NW 1/4
Tax Lot: 1400 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) 20210 SE Conzelman Sherwood, Oregon 97140

(10) STATIC WATER LEVEL:

270 Ft. below land surface Date 8/16/06
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 152'

From	To	Est. Flow Rate	SWL
152	198	8 gpm	dnm
316	381	52 gpm	270

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
top soil	0	2	
clay brwn silty	2	44	
basalt brwn wthd occ gray	44	61	
basalt brwn decomp cindery	61	90	
basalt gray med-hrd very fract bkn (loss zone)	90	104	
basalt gray hrd	104	127	
basalt brwn slightly vesic	127	139	
basalt gray hrd	139	152	
basalt brwn/gray slightly vesic	152	165	
basalt gray hrd fract	165	176	
basalt brwn decomp	176	185	
basalt brwn/gray hrd well fract	185	198	
basalt gray hrd w/occ fract	198	260	
basalt gray w/brwn fract	260	282	
basalt gray/blk hrd	282	310	
basalt brwn/gray slightly vesic	310	316	
basalt brwn cindery	316	332	
basalt multicolored vesic bkn	332	355	
basalt blk hrd fract	355	401	

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AUG 22 2006

**WATER RESOURCES DEPT
SALEM, OREGON**

Date Started: 8/14/06 Completed: 8/16/06

(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 _____ WWC Number _____
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.

Signed John A. Kemp WWC Number 1483
Date 8/21/06