

STATE OF OREGON  
 WATER SUPPLY WELL REPORT  
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 89515

START CARD # 177457

(1) LAND OWNER Owner Well I.D. L89515

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company City of Tigard  
 Address 13125 SW Hall Blvd  
 City Tigard State OR Zip 97223

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Anger  Cable Mud  
 Reverse Rotary  Other

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
 Depth of Completed Well 1,100 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
24	0	420	Cement	0	417	272	S
19	420	1,100					

How was seal placed: Method  A  B  C  D  E

Other  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	.5	417	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	3	575	.375	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 420  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
 Screens Type V-Wrap Material Stainlss Steel

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Screen	Casing	16	575	605	.05				
Screen	Liner	16	605	655	.05				
Screen	Casing	16	655	675	.05				
Screen	Liner	16	675	755	.05				
Screen	Casing	16	755	765	.05				

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,500	173.8	620	120

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASHING Twp 2 S N/S Range 1 W E/W WM  
 Sec 9 SW 1/4 of the NW 1/4 Tax Lot 2500  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

13001 SW Bull Mountain Rd, Tigard, OR 97223

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	08-12-2007			348.7

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
08-12-2007	370	400				
08-12-2007	436	460				
08-12-2007	480	490				
08-12-2007	510	535				
08-12-2007	575	605				

(11) WELL LOG

Material	From	To
Soil	0	1
Clay Soft Brown	1	16
Weathered Rock	16	21
Brown with Black Basalt	21	190
Brown Basalt	190	210
Brown wih Black Basalt	210	305
Black Basalt - 3.5 min per ft	305	350
Black with Brown Basalt	350	440
Basalt Gray Brown Red Soft	440	455
Basalt Gray & Brown Hard	455	473
Basalt Brown & Gray Soft	473	490
Basalt Gray & Brown Med	490	515
Basalt Brown & Brown Soft	515	530
Basalt Gray & Brown Hard	530	550
Basalt Gray Hard	550	580
Basalt Gray & Brow Broken	580	635
Basalt Gray Hard	635	715
Basalt Gray & Brown Broken	715	740
Basalt Gray Broken	740	775

Date Started 04-27-2007 Completed 09-17-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1530 Date 10-08-2007  
 Password: (if filing electronically)  
 Signed *Steve Vibbard* for Steve Vibbard

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1523 Date 10-08-2007  
 Password: (if filing electronically)  
 Signed \_\_\_\_\_  
 Contact Info (optional)



