

OCT 14 1987

STATE OF OREGON WATER RESOURCES DEPT.
WATER WELL REPORT SALEM, OREGON
(as required by ORS 537.765)

WASH
8/34

24/4W-29

(1) OWNER:

Name David Chrysler Well Number: _____
Address 3034 S.E. Timberlake Dr.
City Hillsboro State OR Zip 97123

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 380 ft.
Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
meter	From	To	Material	From	To	
10	0	40	Cement	0	40	12 sacks
6	40	380				

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:	6	+	1	216	1/4	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Location of shoe(s) Drill shoe 216

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
22		360	1 hr.
10		220	1/2

Temperature of water 53 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 24 N or S, Range 4 W E or W, WM.
Section 29 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
Cedar Canyon rd.

(10) STATIC WATER LEVEL:

100 ft. below land surface. Date 8-17-87
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
360	380	20 GPM	100

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown soil	0	2	
Red clay	2	40	
Brown clay	40	80	
Brown sandstone	80	155	
Tan clay	155	175	
Tan sandstone	175	190	
Blue sandstone	190	360	
Fractured sandstone	360	380	100

Date started 8-16-87 Completed 8-17-87

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 711

Signed Joseph Trussell Date 8-17-87