

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

WASH 943

JUN 3 1991

2S/2W/8 ab

WATER RESOURCES DEPT. SALEM

(START CARD) # 27838

(1) OWNER: Well Number: _____
 Name GLENN & VIOLA WALTERS
 Address Rt. 4, Box 135 J
 City Cornelius State OR Zip 97116

(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 710 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
14	0	290	Cement	0	60	15sks+gel
12	290	330	Cement	230	330	25 " "
10	330	710				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 60 ft. to 230 ft. Material HIVISC GEL PACK
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	10	+1	330	250	<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:

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500+		690	1 hr.
300+		475	"

Temperature of water 54° F 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 Nor or S. Range 2W E or W. WM. _____
 Section 8 NW/SW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 14900 SW Hillsboro Hwy
Hillsboro, OR 97123

(10) STATIC WATER LEVEL:
54 ft. below land surface. Date 05/30/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 335 SWL

From	To	Estimated Flow Rate	SWL
335	406	50 gpm (Grouted)	62'
482	531	50	54
531	662	50	"
690	710	400+	"

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brn. silty sand occ clay strks	2	48	
Blue-gray clay	48	53	
Brn silty sand & clay occ wood	53	85	
Blue-gray clay sticky occ. sand & wood	85	146	
Gray-brown clay	146	192	
Brn decomp basalt w/clay strk	192	278	
Gray-brn & blk. basalt occ soft	278	290	
Gray-brn basalt occ. hard gray	290	335	
Red-brown basalt (water bearing)	335	346	(62)
Gray-blk basalt hard occ. gray-brown	346	397	
Red-brn basalt&lava (water Bear.)	397	406	(62)
Basalt, gray, hard (grouted off 330-420)	406	435	
Gray-blk basalt occ gray-brn	435	482	
Brn & Blk basalt, occ red-brn	482	531	54
Gray basalt, hard occ gray-brn	531	662	54
Basalt, blk, occ blue soapstone	662	635	
Gray-blk basalt, hrd., occ frag	635	690	
Blk. & Brn basalt&lava, broken	690	710	54
(water zones grouted off w/50 sks@ 330 to 420)			

Date started 05/06/91 Completed 05/30/91

(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.
 Signed _____ Date _____ WWC Number _____

(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.
 Signed *[Signature]* Date 05/30/91 WWC Number 573