

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

clac
14454

NOV 12 1991

3s/1w-82a
 (START CARD) # 32015

(1) OWNER:
 Name Ken & Linda Bourne
 Address 27309 SW 145th
 City Sherwood State OR Zip 97140

Well Number: _____

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
8	0	59	Cement	0	58.5	13 sks
6	59	504				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					Yes	No	Yes	No	Yes	No	Yes	No
Casing:	6	+1.5	58.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 25 Drawdown _____ Drill stem at 504 Time 1 hr.

Temperature of water ~55°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 Clack Latitude _____ Longitude _____
 Township 3S N or S. Range 1W E or W. WM.
 Section 8 NE 1/4 of SE 1/4
 Tax Lot 301 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Owner

(10) STATIC WATER LEVEL:
142 ft. below land surface. Date 11/6/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 1st significant 395

From	To	Estimated Flow Rate	SWL
SWL	504	see (8)	142
most	395	~10	
signifi-	439	~5	
cant:	489	~10	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil & Clay, red-brn	0	10	
Clay, brn, silty	10	19	
Clay & CS & SS, brn	19	36	
Basalt, grey, frac	36	50	
Basalt, grey, med	50	61	
Basalt, grey, frac	61	78	
Basalt, grey, ves	78	86	
Basalt, grey & brn, v. frac.	86	96	
Basalt, grey, v. frac	96	119	
Basalt, grey & red-brn, soft	119	138	
Basalt, grey, med-hd	138	171	
Basalt, brn-red, bkn, soft	171	228	
Basalt, grey, frac, med	228	300	
Basalt, grey-brn-red, bkn	300	330	
Basalt, grey, med	330	368	
Basalt, grey, frac, med-soft	368	385	
Basalt, grey w/brn SS, soft	385	395	
Basalt, grey w/red-brn, frac, med	395	435	
Basalt, grey, med-hd	435	439	
Basalt, grey w/red-brn, frac, med	439	489	
Basalt, grey w/red, frac, soft	489	499	
Basalt, grey w/red, frac, med	499	504	

Date started 10/28/91 Completed 11/6/91

(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 Shawn Wright WWC Number 1577
 Date 11/7/91

(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 Stephen Schneider WWC Number 649
 Date 11/7/91