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

WELL I.D. # L16382
START CARD # 104288

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Well Number ASR #1
Name Tualatin Valley Water District
Address 1850 SW 170th Ave.
City Beaverton State Oregon Zip 97006

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation ASR
 Thermal Injection Livestock Other monitoring

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 410 ft.
Explosives used Yes No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
20	0	171	cement	0	171	210 sacks
15	171	410				

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: 16	+1.5	171	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 12"	161	410	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Holte air perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
175	405	1/2 x 1 1/2	13200	12"	12"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing
Yield gal/min 500+ Drawdown N/A Drill stem at 410 Time 1 hr.

Temperature of water 56 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 Longitude _____
Township 1S N or S Range 1W E or W. WM.
Section 17 NE 1/4 SW 1/4
Tax Lot 2400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Schuepac Park

(10) STATIC WATER LEVEL:

91.3 ft. below land surface. Date 11-24-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 260'

From	To	Estimated Flow Rate	SWL
260	410	500+ GPM	91.3

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
soil	0	1	
Clay brown	1	17	
clay grey and brown	17	62.5	
rock soft very wthrd	62.5	80	
basalt green and brown	80		
wthrd and porous		100	
basalt grey fractured	100	140	
basalt hard	140	155	
basalt grey hard	155	171	
basalt grey fractured	171		
and weathered		185	
basalt hard	185	188	
basalt frac and wthrd	188	202	
basalt hard	202	235	
basalt gry brn medium	235	244	
basalt rounded blk grn	244	258	
basalt frac rounded	258		
grey and brown		295	
basalt grey fractured	295	362	

SEE NEXT

Date started 10-2-98 Completed 11-24-98

(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 [Signature] WWC Number 1358
Date 12-1-98

FEB 26 1999

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

WELL I.D. # L START CARD #

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number Name TVWD #2 Address City State Zip

(2) TYPE OF WORK: New Well Deepening Alteration (repair/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 ft. Explosives used Yes No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Divided into HOLE and SEAL sections.

How was seal placed: Method A B C D E

Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

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

Temperature of water 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 Latitude Longitude Township N or S Range E or W. WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Depth at which water was first found

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Entries include basalt grey fractured and weathered, basalt hard grey some fractured, basalt blk fractured.

Date started Completed

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