

WASH
54125

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

WELL I.D. # L 27696
START CARD # 118194

Instructions for completing this report are on the last page of the report. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number _____
Name LOU & LISA POEHLETZ
Address 17243 SW SWANK RD.
City SHERWOOD State OR Zip 97140

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	369	Bent.	0	18	8 SK
			Cement	18	50	12 SKS
			Drill gel	50	300	--
			Cement	300	369	15 SKS

How was seal placed: Method A B C D E

Other Poured into annular
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	369	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		Screens		Material		Casing	Liner
From	To	Slot size	Number	Type	Material		
						<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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Flowing Time
36		400	1 hr.

Temperature of water 57°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 N or S Range 2W E or W. WM.
Section 15 SW 1/4 NE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 16590 SW SWANK RD

(10) STATIC WATER LEVEL:
49 ft. below land surface. Date 11/10/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 350

From	To	Estimated Flow Rate	SWL
350	410	36 GPM	49

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown clay	1	6	
Brown silty clay	6	43	
Gray silty clay	43	62	
Sticky gray cly	62	138	
Sticky gray-brown clay	138	170	
Sticky brown clay	170	247	
Sticky red-brown clay	247	283	
Hard gray basalt	283	285	
Decomp brown basalt	285	306	
Sticky brown clay	306	321	
Decomp brown basalt	321	350	
Firm gray-brown basalt occ. red/brown streaks	350	410	49

Date started 11/02/98 Completed 11/10/98

(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] Date 11/11/98 WWC Number 1266