

#18

MAR - 1 1991

2S/2W/26bb

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 26149

WASA
3/15

(1) OWNER: Well Number: _____
Name James Leek
Address 10440 SW Mockingbird Way
City Beaverton State OR Zip 97007

(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
Yes No Depth of Completed Well 1000 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks	or pounds
14	0	205	Cement	0	40	16	sks+gel
			Cement	150	205	20	sks+gel
19	205	1000					

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 40 ft. to 150 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	205	.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 100+ Drawdown _____ Drill stem at 1000 Time 1 hr.
100+ _____ 900 _____

Temperature of water 56° 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 26 NW ¼ NW ¼
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 22185 SW LaBeau Rd.
Sherwood, OR

(10) STATIC WATER LEVEL:
370 ft. below land surface. Date 02/25/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found (182') 370

From	To	Estimated Flow Rate	SWL
182	190	15	110
950	992	100	370

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Red-brown clay, occ rock	0	25	
Brown basalt, weathered	25	31	
Red-brown clay & weathered basalt	31	98	
Gray-brn basalt, soft, brkn, occ clay	98	150	
Gray & gray-brown basalt, hard	150	182	
Brown & Red basalt, broken	182	190	110
Gray-brn basalt, hard, occ soft streaks	190	240	
Gray-black basalt, hard, occ. gray-brown	240	320	
brown basalt	320	340	
Gray-brn & gray-blk. basalt, hard	340	375	
Red-brown basalt, occ blk. lava	375	410	
Gray-black basalt, hard, occ blk	410	465	
Gray-brown basalt, & lava	465	475	
Gray-black basalt, hard	475	540	
Black basalt & lava	540	570	
Gray-black basalt, occ black	570	650	
Gray-blk basalt hard, occ frac. creviced	650	950	
Gray-blk basalt, brkn, claystone	950	960	370
Streaked basalt & claystone	960	992	370
Gray-black basalt, hard	992	1000	

Date started 01/24/91 Completed 02/25/91

(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 Mel Bigsby WWC Number 1492 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.
Signed [Signature] WWC Number 573 Date 02/25/91