

#18

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

WASH
886

11/20/92 bb

(START CARD) # 27842

(1) OWNER:

Name Jerry Wilson C/O Ceccacci & Assoc.
Address 0215 SW Gibbs
City Portland, State OR Zip 97201

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 540 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pou-nds
Diameter	From	To	Material	From	To	
12	0	97	Cement	0	97	86 sk+gel
8	97	540				

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	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	8	+1	97	.250	XX	<input type="checkbox"/>	XX	<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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250-300		540	1 hr.
125-150		315	"

Temperature of water 53 ° 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 1N Nor S. Range 2W E or W, WM.
Section 2 NW 1/4 NW 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Rt. 1, Box 599
Hillsboro, OR 97124

(10) STATIC WATER LEVEL:

192 ft. below land surface. Date 03/22/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 445

From	To	Estimated Flow Rate	SWL
445	540	300+	192

(12) WELL LOG:

Material	From	To	SWL
Red-brown clay w/rock frag.	0	21	
Brown clay & basalt, weathered	21	40	
Gray-black basalt, boulders	40	46	
Brown clay & basalt, weathered	46	55	
Gray-brown basalt, occ soft	55	80	
Gray-brown basalt, very broken	80	86	
Gray-brown basalt, hard	86	110	
Red & Brown basalt, lava & clay	110	136	
Gray-black basalt, hard, occ frag	136	268	
(well pressure grouted 90-160)			
Interbed, black basalt & lava	268	285	
Black & gray-black basalt, occ. fragments	285	320	
Interbed, brown basalt & lava	320	326	
Brown & black basalt, broken	326	340	
Gray-black basalt, hard	340	445	
Gray-black basalt, frac, occ. broken	445	472	192
Black basalt & lava	472	490	"
Gray-black basalt, occ broken, streaks	490	540	"

Date started 03/07/91 Completed 03/22/91

(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.

WWC Number _____

Signed _____ 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.

WWC Number 573

Signed _____ Date 03/25/91