

Chris & Kathy Schaller

CLAC
54913

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Xfer-Add P&A well

AUG 30 1999

WELL I.D.# L. 23583
START CARD # 113823

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

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name Bill Breaux
Address 6061 SW Meridian Way
City Stafford State OR 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 395 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To
10	0 39	Bentonite	0 39
6	39 395		

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

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	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	0	395	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39

(7) PERFORATIONS/SCREENS:

From	To	Spec	Number	Diameter	Material	Casing	Liner
295	395	7/16	70	4	Saw	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30		390	1 hr.

Temperature of water 54° 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 2 N or S Range 1 E or W. WM.
Section 31 NW 1/4 SE 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
201 ft. below land surface. Date 8-24-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 381

From	To	Estimated Flow Rate	SWL
381	392	30+	201

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(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay brown	2	14	
Basalt brown soft	14	33	
" grey med	33	44	
" brown soft	44	80	
" gray brown s	80	89	
" gray med	89	146	
" gray hard	146	155	
" red brown s	155	180	
" brown med	180	203	201
" gray med	203	235	
" brown gray s	235	245	
" gray hard	245	258	
" gray soft	258	268	
" brown med	268	381	
" decomposed gray s	381	392	
" gray hard	392	396	

Date started 8-16-99 Completed 8-24-99
(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.

WVC 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WVC Number 1229
Signed _____ Date 8-24-99

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