

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 105348

START CARD # 1013171

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name WILLIS Last Name GILL

Company \_\_\_\_\_

Address 1940 SYLVAN WAY

City WEST LINN State OR Zip 97068

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD

Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE  Domestic  Irrigation  Community

Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)

Depth of Completed Well 108 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
<u>10</u>	<u>0</u>	<u>18</u>	<u>Bent</u>	<u>0</u>	<u>18</u>	<u>15</u>	<u>5</u>
<u>6</u>	<u>18</u>	<u>108</u>					

How was seal placed: Method  A  B  C  D  E

Other pour

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>10</u>	<input checked="" type="checkbox"/>	<u>1</u>	<u>3</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<u>6</u>		<u>3</u>	<u>108</u>	<u>250</u>				

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia 10 From 0 To 18

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen		Scrn/slot	Slot	# of	Te/
green	Liner	Dia	From	To	width	length	slots
<u>5</u>	<u>5.5</u>	<u>98</u>	<u>108</u>	<u>12</u>			

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>100 +</u>		<u>108</u>	<u>1</u>

Temperature \_\_\_\_\_ °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MULTNOM Twp 1 N N/S Range 2 E E/W WM

Sec 23 NW 1/4 of the SE 1/4 Tax Lot 100

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

12423 WHITETAKER WAY PORTLAND OREGON

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	<u>6-10-11</u>			<u>12</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
<u>6-10-11</u>	<u>12</u>	<u>108</u>	<u>100</u>			<u>12</u>

(11) WELL LOG

Material	From	To
<u>Brn silty clay</u>	<u>0</u>	<u>12</u>
<u>Gray silty clay</u>	<u>12</u>	
<u>with gravel</u>		<u>60</u>
<u>green sand gravel</u>	<u>60</u>	<u>74</u>
<u>brn gravel sand</u>	<u>74</u>	<u>90</u>
<u>green sand gravel</u>	<u>90</u>	<u>108</u>
<u>sand gravel</u>	<u>108</u>	<u>120</u>

RECEIVED

JUN 15 2011

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 5-10-11 Completed 6-10-11

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number \_\_\_\_\_ Date \_\_\_\_\_

Password: (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

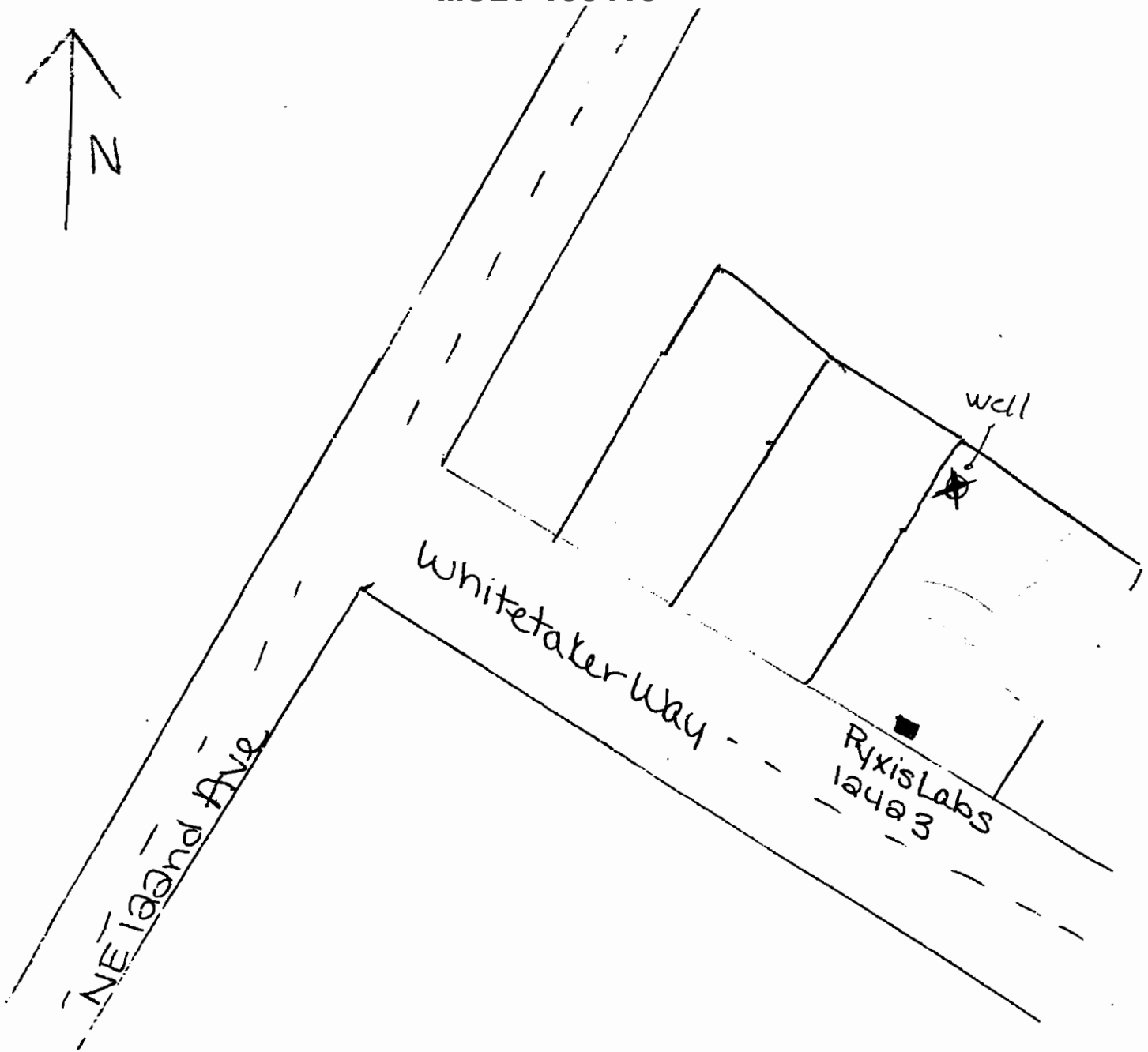
License Number 1480 Date 6-14-11

Password: (if filing electronically) \*\*\*\*\*

Signed [Signature]

Contact Info (optional) \_\_\_\_\_

MULT 106416



**RECEIVED**

JUN 15 2011

WATER RESOURCES DEPT  
SALEM, OREGON