

# DRAFT

# MULT 105704

## STATE OF OREGON

### WATER SUPPLY WELL REPORT

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

WELL LABEL # L 105347

START CARD # 1012673

#### (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 120 ft.  
BORE HOLE SEAL sacks/lbs  
Dia From To Material From To Amt lbs

Dia	From	To	Material	From	To	Amt	lbs
10	0	18	Bentonite	0	18	10	S
6	18	120					

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 Std Plstc Wld Thrd  
    6 1 120 250        
Shoe  Inside  Outside  Other Location of shoe(s) 120  
Temp casing  Yes Dia 10 From 0 To 18

#### (7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/S Casing/ Screen  
creen Liner Dia From To Scrn/slot Slot # of Tele/  
width length slots pipe size

Perf/S	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	pipe size	

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

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
50          120 1  
Temperature 53 °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 WHITAKER WAY PORTLAND OREGON

#### (10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)  
Existing Well / Predeepening \_\_\_\_\_  
Completed Well 03-28-2011 \_\_\_\_\_ 12  
Flowing Artesian?  Dry Hole?

#### WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	12	120	50		12

#### (11) WELL LOG

Material	From	To
BROWN SILTY CLAY	0	15
GREY SILTY CLAY	15	30
GREY SILTY CLAY AND GRAVEL	30	50
GREY SILTY GRAVEL	50	60
GREEN SANDY GRAVEL	60	70
BROWN SANDY GRAVEL	70	80
GREY FINE SAND	80	90
GREEN SAND AND GRAVEL	90	105
MULTI COLORED GRAVEL	105	115
SAND GREY	115	120

Date Started 03-21-2011 Completed 03-28-2011

#### (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 04-19-2011  
Password : (if filing electronically) \*\*\*\*\*  
Signed [Signature]  
Contact Info (optional) \_\_\_\_\_

RECEIVED  
APR 2 2 2011  
WATER RESOURCES DEPT  
SALEM, OREGON

