

16

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

CLAG
11967

SS/6E/22 CC
W-28084

(START CARD) # W028084

(1) OWNER: Well Number: 17-91/39-8
Name PORTLAND GENERAL ELECTRIC CO.
Address 121 SW Salmon Street
City Portland State OR Zip 97204

(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 250 ft.
Explosives used Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	0	250				

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 _____

Diameter	From	To	Gauge	Casing/Liner			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4.5	110	250	188	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
211	249	1/8	90			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time

60	99		4 hrs.
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Temperature of water 52 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 5S Nor or S. Range 6E E or W, WM.
Section 22 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Three Lynx Area
Oak Grove Project

(10) STATIC WATER LEVEL:
78 ft. below land surface. Date 8/18/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 173

From	To	Estimated Flow Rate	SWL
173	250	60	78

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Basalt-gray	173	250	78

RECEIVED
AUG - 8 1991
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7/15/91 Completed 7/17/91

(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 STEINMAN BROS. DR. CO. WWC Number _____ 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 _____ Date _____