

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

Clac
 12218

Rec'd
 8/13/91

2S/5E/17
 20751

(START CARD) #

(1) OWNER: Well Number: _____
 Name **ORAL HULL FOUNDATION FOR THE BLIND**
 Address **P.O. Box 157**
 City **SANDY** State **OREGON** Zip **97055**

(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 **200** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	25	CEMENT	0	25	19
9	25	200				

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:

Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
				From	To	From	To	From	To	From	To
Casing: 8	+1	200	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:
 Perforations Method **MILLS KNIFE**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
70	120		400	1/4x2		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min **46** Drawdown **39** Drill stem at _____ Time **36 HR**

Temperature of water **56°** 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:
CLACKAMAS
 County _____ Latitude _____ Longitude _____
 Township **2S** N or S. Range **5E** E or W. WM.
 Section **17** Block _____ Subdivision _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **43233 S.E. ORAL HULL RD., SANDY OREGON**

(10) STATIC WATER LEVEL:
62 1/2 ft. below land surface. Date **7/18/91**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **70**

From	To	Estimated Flow Rate	SWL
70	120	46 GPM	62.5

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	20	
CEMENTED GRAVEL AND BOULDERS	20	46	
CEMENTED GRAVEL	46	70	
LOOSLY CEMENTED GRAVEL	70	119	62.5
CONGLOMERATE, SOME GRAVEL WITH SAND-STONE BINDER	119	181	
MED. HARD GRAY ROCK	181	200	

CABLE TOOL RIG DRILLED 12" HOLE TO 25'. AIR ROTARY RIG ODEX DRILLED FROM 25' TO 200'. CABLE TOOL RIG REMOVED 12" STARTER PIPE AND PERFORATED CASING

Date started **6/10/91** Completed **7/18/91**

(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 **462**
 Signed **Or Kelle** Date **7/26/91**