

(1) OWNER: Well Number 01

Name Betty Marshall
Address P.O. Box 1176
City Portland State Or. Zip 97207

(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 178 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	19	Gran/Bent	0	19	12 Sacks
6"	19	178				

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

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"	+2	178	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 178 Odex

(7) PERFORATIONS/SCREENS:
 Perforations Method Air Rotary
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
166	176	1/8x1"	210	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
90		160	1 hr.

Temperature of Water 53° 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 Clackamas Latitude _____ Longitude _____
Township 3 South N or S. Range 8 1/2 East E or W. WM.
Section 25 NE 1/4 NW 1/4
Tax Lot 3000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 32798 E. Mineral Cr.
Government Camp, Or.

(10) STATIC WATER LEVEL:
2 ft. below land surface. Date 3-24-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 166'

From	To	Estimated Flow Rate	SWL
166	178	90	2

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil brown boulders gray & gravel	0	22	
Boulders and gravel gray	22	24	
Clay gray	24	31	
Glacial till	31	36	
Gravel and sand	36	103	
Clay and sand course gray	103	112	
Rock and Tuff gray	112	127	
Gravel and sand till	127	166	
Gravel Medium sand till	166	178	2

Date started 3-20-92 Completed 3-24-92

(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 Don K. Edie WWC Number 1547
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 Marni A. Skyles WWC Number 553
Date 3-25-92