

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

CLAC
18888

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WATER RESOURCES DEPT. (START CARD) # 54817

(1) OWNER: Well Number XXXX 154
 Name Yong D Kwn
 Address 8026 SE Flavel
 City Portland State OR. Zip 97206

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	50	cement	0	50	27
6	50	103				

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
Casing: 6	+2	103	1/4	<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) 103

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	50	103	1 hr.

Temperature of Water 54 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: _____

SALEM, OREGON
 (9) LOCATION OF WELL by legal description:
 County Clack. Latitude _____ Longitude _____
 Township 2 N or S. Range 6 E or W. WM.
 Section 22 NW 1/4 SW 1/4
 Tax Lot 0050Q of _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 59650 E Hwy. 26
Sandy, OR.

(10) STATIC WATER LEVEL:
56 ft. below land surface. Date 10/2/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
90	103	50	56

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
top soil	0	1	
clay brown	1	2	
clay gravel gray/brown	2	45	
cemented gray	45	75	
clay/sand gray	75	90	
gravel gray	90	103	56

Date started 9/27/93 Completed 10/2/93

(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 _____ 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 Rodney C. Gal WWC Number 663
 Date 10/27/93