

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

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CLAC
19248
MAY 24 1994

4s/2E/1966
50392

(START CARD) # 50392

(1) OWNER: Well Number SALEM
Name Roy Montgomery
Address 8530 Wilson St
City Wilsonville State Or Zip 97070

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	1	38	cement	1	38	26 sacks
4	38	268				

How was seal placed: Method A B C D E
 Other Surface casing removed as grouted

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 4	0	221	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 5	208	268	1.125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 221

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type slotted Material pvc

From	To	Slot size	Number	Diameter	Tel./pipe size	Casing	Liner
261	268	.30		5		<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
35	31		4 hr.

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 Clackamas Latitude _____ Longitude _____
Township 4E N or S. Range 2E E or W. WM.
Section 19 NW 14 SW 14
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Marburg Rd

(10) STATIC WATER LEVEL:
5 ft. below land surface. Date April 22
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 4

From	To	Estimated Flow Rate	SWL
4	268		5

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	1	3	
Clay, brown with cobbles & boulders	3	36	
Clay, brown	46	87	
Clay, grey	87	153	
Clay, tan	153	195	
Clay, blue	195	227	
Clay, grey	227	261	
Sand, black	261	268	

Date started March 30 Completed April 22, 1994

(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 Richard Beck WWC Number 743
Date April 1994