

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

RECEIVED

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AUG 1 2 1994

(START CARD) # 68054

(1) OWNER:

Name Duncon Brinkley
 Address 26555 SE Herford Lane
 City Eagle Creek State OR. Zip 97022

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

HOLE Diameter		SEAL Material		Amount	
From	To	From	To	From	To
10	0	20	bentnite	0	20
6	20	440			20

How was seal placed: Method A B C D E
 Other poured from top

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	+2	300	3/4	<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) 300

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
40	200	440	1 hr.

Temperature of Water 57 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 3 N or S Range 4 E or W. WM.
 Section 7 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as above

(10) STATIC WATER LEVEL:

193 ft. below land surface. Date 7/27/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 380

From	To	Estimated Flow Rate	SWL
380	440	40	193

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
top soil	0	1	
clay brown	1	25	
gravel/clay gray	25	230	
sand/clay gray	230	380	
sand/gravel cemented gray	380	440	193

Date started 7/26/94 Completed 7/27/94

(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 [Signature] WWC Number 1622
 Date 8/4/94

(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 663
 Date 8/4/94