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STATE OF OREGON
MONITORING WELL REPORT
(as required by ORS 537.765 & OAR 690-240-095)

DEC - 8 1994

Start Card #

2s/4e/1066
12106

(1) OWNER/PROJECT:

Name Guide Dogs for the Blind
Address 32900 Kelson Rd
City Boring State OR Zip

WELL NO. NW 39

(2) TYPE OF WORK:

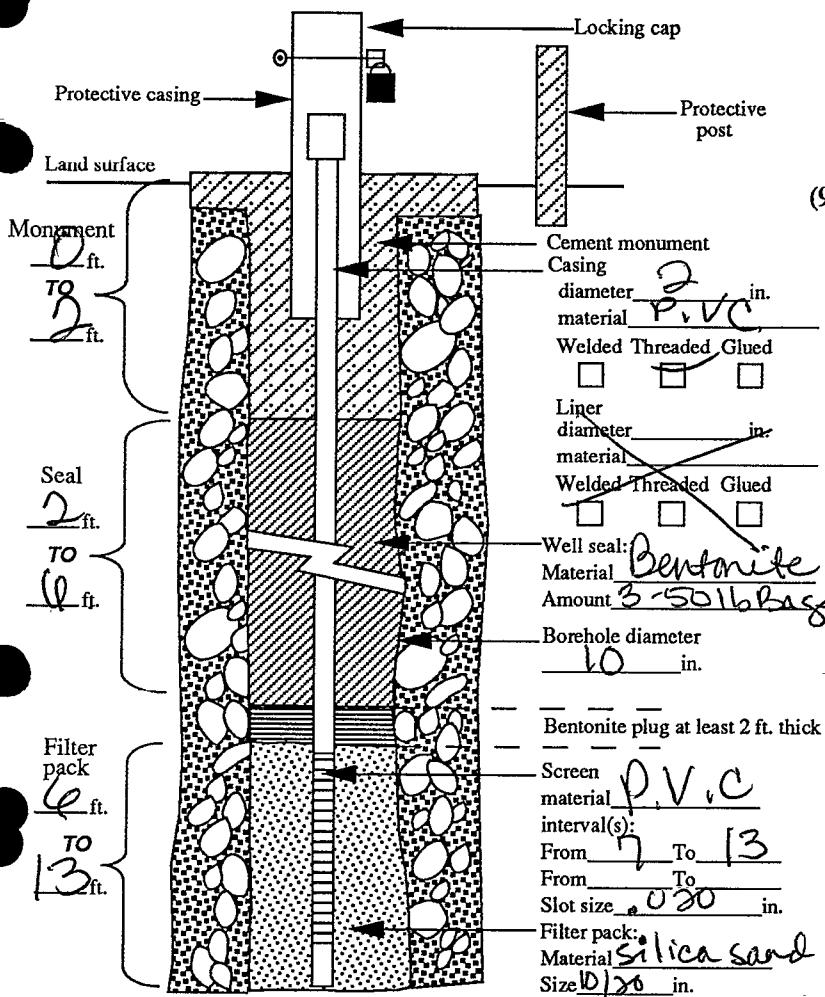
- ☒ New construction ☐ Repair ☐ Recondition
☐ Conversion ☐ Deepening ☐ Abandonment

(3) DRILLING METHOD

- ☐ Rotary Air ☐ Rotary Mud ☐ Cable
☒ Hollow Stem Auger ☐ Other

(4) BORE HOLE CONSTRUCTION

Special Standards Yes ☐ No ☒ Depth of completed well 13 ft.



(6) LOCATION OF WELL By legal description

Well Location: County Clackamas
Township 2 (N or S) Range 4 (E or W) Section 30
1. NW 1/4 of NW 1/4 of above section.
2. Street address of well location 32900 Kelson Rd
3. Tax lot number of well location
4. ATTACH MAP WITH LOCATION IDENTIFIED.

(7) STATIC WATER LEVEL:

25 Ft. below land surface. Date 10/18/94
Artesian Pressure lb/sq. in. Date

(8) WATER BEARING ZONES:

Depth at which water was first found 25'

From	To	Est. Flow Rate	SWL
<u>25</u>	<u>27'</u>	<u>?</u>	<u>25</u>

(9) WELL LOG:

Ground elevation

Material	From	To	SWL
<u>Red-brown, damp, hard, clay</u>	<u>0'</u>	<u>5'</u>	
<u>Mottled Red-brown & light yellow-brown hard clay</u>	<u>5'</u>	<u>13.5'</u>	
<u>Very mottled red-brown hard clay</u>	<u>13.5'</u>		

Date started 10/18/94 Completed 10/18/94

(5) WELL TEST:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian
Permeability Yield GPM

Conductivity PH
Temperature of water 14 °F/C Depth artesian flow found ft.

Was water analysis done? ☐ Yes ☐ No

By whom? Dave Damigniel
Depth of strata to be analyzed. From ft. to ft.

Remarks:

Name of supervising Geologist/Engineer D.A.M.

(unbonded) Monitor 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 the best knowledge and belief.

Signed MWC Number
Date

(bonded) Monitor 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 Randy J. Cusn MWC Number
Date 11/20/94

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DAMES & MOORE

DEC - 8 1994

WATER RESOURCES DEPT.
SALEM, OREGON

Sheet No. _____

Calc. No. _____

Rev. No. _____

By _____ Date _____

Chk'd. _____ Date _____

Job No. _____

Job _____

Client _____

Subject _____

