

CLAC
20482 028/018/3(BB)VED

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

(START CARD) # 97889 AUG 28 1995

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 01
Name Beacon Homes
Address 9500 SW 125th Ave.
City Beaverton State Or. Zip 97008

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 224 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	104	Cem Bent	104	0	21 sacks
6"	104	224				

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"	+1	104	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	4	224	160#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
105	223	1/8x3	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
80		224	1 hr.
50		194	1/4

Pump Bailer Air Flowing Artesian

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: WATER RESOURCES DEPT
County Clackamas Latitude _____ Longitude _____
Township 2 South N or S Range 1 East E or W. WM.
Section 31 NW 1/4 NW 1/4
Tax Lot 00714 Lot 4 Block _____ Subdivision _____
Street Address of Well (or nearest address) 6390 SW Delker Rd.
Tualatin, Or.

(10) STATIC WATER LEVEL:
103 ft. below land surface. Date 8-15-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 54'

From	To	Estimated Flow Rate	SWL
54	100	2	72
170	176	5	103
186	224	75	103

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Brown	0	12	
Basalt Gray Soft	12	24	
Basalt Gray Hard	24	54	
Basalt Gray Some Fractures	54	100	
Basalt Gray	100	170	
Basalt Red	170	176	103
Basalt Gray Fractured	176	186	
Basalt Brown & Yellow	186	194	103
Basalt Brown Porous	194	202	103
Basalt Gray & Brown Fractured	202	224	103

Skyles Drilling, Inc.
1169 Molalla Ave.
Oregon City, OR 97045
656-2683

Date started 8-11-95 Completed 8-15-95
(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Maurice D. Skyles WWC Number 553 Date 8-22-95

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Steve C. Blund WWC Number 1592 Date 8-24-95