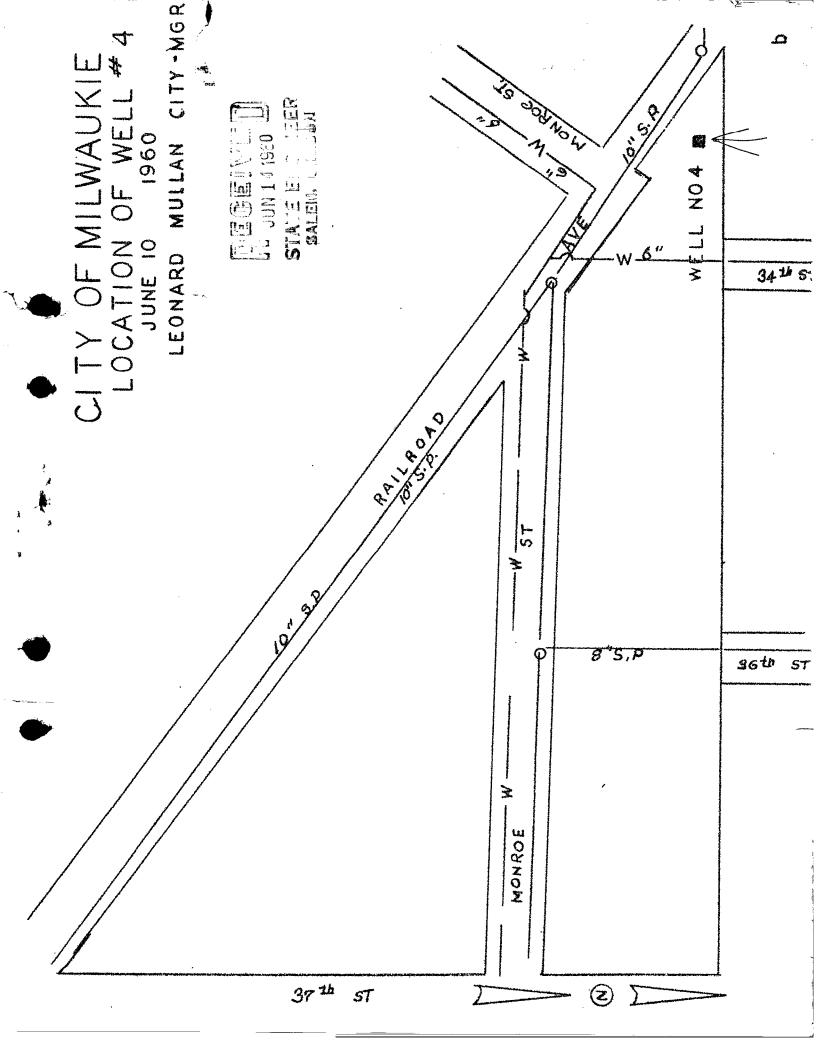
ORIGINAL File Original and Duplicate with the STATE ENGINEER STATE OF	LL REPORTA C (ACe well No.	11-36	2 A
File Original and Duplicate with the STATE ENGINEER, SALEM, OREGON	OREGON C 17-1900 Tite Grant No. C	1600	<u> </u>
(1) OWNER:	(11) WELL TESTS: Drawdown is amount lowered below static le	water level vel Str	l is rasser
The second secon	Was a pump test made? Yes No If yes, by whom yield: 620 gal./min. with 249 ft. drawdow	n? Drj	illing C
Address Milwaukie, Oregon	" 600 " 245 "	E STATE	
			,,
(2) LOCATION OF WELL:	Bailer test gal./min. with ft. drawdow	n after	hrs.
County Clackamas Owner's number, if any— 4 1/4 1/4 Section T. R. W.M.	Artesian flow g.p.m. Date		
Bearing and distance from section or subdivision corner	Temperature of water 53° Was a chemical analysis m	ade? 🗌 Y	es 🖺 No
During and distance of the second of the sec	(12) WELL LOG: Diameter of well	L 6	inches.
The second secon	Depth drilled 304 ft. Depth of completed w		
	Formation: Describe by color, character, size of materishow thickness of aquifers and the kind and nature of stratum penetrated, with at least one entry for each continuous con		-
	MATERIAL	FROM	то
TYPE OF WORK (check):	Topsoil	Surf	3
New Well Deepening □ Reconditioning □ Abandon □	Gravel and clay	3	26
If abandonment, describe material and procedure in Item 11.	Loose gravel and sand (water)	26	46
	Gravel-clay binder	46	61
PROPOSED USE (check): (5) TYPE OF WELL:	Cemented gravel	61	93
nestic Industrial Municipal Rotary Driven Cable A Jetted	Loose gravel	93	96
gation Test Well Other Dug Bored	Gemented gravel	96	130
(6). CASING INSTALLED: Threaded □ Welded □	Gravel with clay binder	180	169
(6) CASING INSTALLED: Threaded Welded A wall wall wall wall ft. Gage 3/8" wall wall wall wall wall wall wall wal	1 Cemented gravel	169	173
"Diam. fromft. toft. Gage	Sandy clay	173	181
"Diam. fromft. toft. Gage	Loose gravel and sand (water)	181	195
	Cemented gravel	195	274
(7) PERFORATIONS: Perforated? Yes No	Loose gravel and sand(water)	274 283	283 289
Type of perforator used Star	Cemented gravel Blue and brown clay	289	294
SIZE of perforations 3/8 in. by 1½ in.	Pea gravel	294	298
360 perforations from 283 ft. to 289 ft. 380 perforations from 276 ft. to 281.5 ft.	Blue clay	298	304
perforations from 185 ft. to 198 ft.			
perforations fromft. toft.			
perforations fromft. toft.		ļ	
Y	Α	ļ	
SCREENS: Well screen installed Yes No		ļ	
ufacturer's Name			
Type Model No.		 	
Diam. Slot size Set from ft. to ft. sm. Slot size Set from ft. to ft.	Work started March 19 1960. Completed Ma	17 28	1960
sm Siot size Set from 1t. W 1t.	Work started Mait 13 1900. Completed Ma	<u>y 20</u>	1900
CONSTRUCTION:	(13) PUMP:		
as well gravel packed? Yes No Size of gravel:	Manufacturer's Name	***************************************	*******************
Gravel placed fromft toft 93	Type:	H.P	*****************
Was a surface seal provided? A Yes \(\subseteq No To what depth? \) ft. Material used in seal— cement grout	Well Driller's Statement:		
Did any streets contain unuenble water? Tyes I No	POT 1	and this	report is
Type of water? Qe # Pepth of strata	true to the best of my knowledge and belief.		
Type of water? 20 " hole to 93 ft. cemented back to 83 ft.	MANGER. J. Strasser Drilling Co.		
(10) WAMED LEVELS.	NAME R. J. Strasser Drilling Co. (Person, firm, or corporation)	ype or prin	nt)
(10) WATER LEVELS: Of the love land surface Data May 12. 1	9 Styliness 8110 SE Sunset Lane, Port	land b	, Uregor
Static level ft. below land surface Date Lay 12, 1 Artesian pressure lbs. per square inch Date	1 4010		
	Driller's well number	100	
Log Accepted by:	[Signed] (Well Priller)	W	
[Signed] Easl M. Clay Date	10 (Well Driller) May 28	3	60
(Owner)	License No. Date	*************	10



ST FOR WATER BACTERIOLOGICAL EXAMINATION	LAB. NO. TO DATE REPORTED DATE RECEIVED DATE REPORTED 15-28-60
WATER SUPPLY: HILW WATER UET	SEE BACK OF 1st COPY FOR ADDL. INFO.
DURKES OF EN THE STATE OF THE S	VOL-ML 1 / 10 10 10 140 140 140 140 140 140 140 14
DI ROTES SAL 601 19 30 HOUR:	HOURS TOWARD
MAR OF A COUNTY OF	FIRMA- TATTANT JANTATTMI
MPLING HOLD SUPPLIES TO CLERK	VOLML 10. TO: 1. 11 .01 .01 MPN
OHLORINGTED MUNICIPAL OR SEMI-PUBLIC OMMUNITY PRIVATE	HOURS
WIMMING POOL AND BATHING PLACES: MOITAMINAY	CON- FIRMA- TION
ARTIFICIAL POOL THE WARRINGS TANK THE TOOK JAISEN	THIS WATER DOES NOT D
PORTLAND OREGOIL	TALLED SOLEAL ANALY
PUBLIC HEALTH LABORATORY OREGON STATE BOARD OF HEALTH P. O. Box 231 PORTLAND 7, OREGON	CHECKED/ BY:
65 25 FORTAL 1-59	

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