

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

CLAC
50529 MAY 16 1996

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 92038

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

(1) OWNER: Well Number _____
Name Mt. Hood Rock Products
Address P.O. Box 175
City Wentworth State ORE Zip 97107

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Bentonite	0	20	
8"	20	96	Cement	75	96	5 SACKS
6"	96	460				(pressure grouted)

How was seal placed: Method A B C D E
 Other Drilled with Holte Underreamer -
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: <u>6 3/8</u>	<u>1</u>	<u>9 1/2</u>	<u>22</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>4 1/2</u>	<u>20</u>	<u>460</u>	<u>26</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 96

(7) PERFORATIONS/SCREENS:

Perforations Method SKIL SAW
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>380</u>	<u>460</u>	<u>8x8</u>	<u>60</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>12</u>		<u>450</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

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 Clack Latitude _____ Longitude _____
Township 2 N or S Range 6 E or W. WM.
Section 24 1/4 1/4
Tax Lot 2001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) E. Boujee Creek Ln Brightwood OREGON

(10) STATIC WATER LEVEL:
237 ft. below land surface. Date 4-17-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 375

From	To	Estimated Flow Rate	SWL
<u>375</u>	<u>400</u>	<u>12</u>	<u>237</u>

(12) WELL LOG:
Ground Elevation 1520 ft.

Material	From	To	SWL
<u>Overburden - (Cobble)</u>	<u>0</u>	<u>12</u>	
<u>4' w/ Brown Clay</u>			
<u>Binder</u>			
<u>LAVA Brown Grey med</u>	<u>12</u>	<u>71</u>	
<u>BASALT Grey Brown</u>			
<u>Fractured - Caving</u>	<u>71</u>	<u>86</u>	
<u>BASALT Grey med HARD</u>	<u>86</u>	<u>186</u>	
<u>BASALT Grey with Brown med</u>	<u>186</u>	<u>193</u>	
<u>BASALT Grey med</u>	<u>193</u>	<u>369</u>	
<u>BASALT Grey med w/white</u>	<u>369</u>	<u>460</u>	<u>237</u>
<u>Quartz PCS</u>			

Date started 4-17-96 Completed 4-17-96

(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.
WWC Number _____
Signed _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 792
Signed Beck Willard Date 4-18-96