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STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

SEP 18 1996

(START CARD) # 79403

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

(1) OWNER:

Name Jerry Hasselle
Address 5120 SW Borland Rd.
City Tualatin State Or. Zip 97062

Well Number LO9298 ALLEMAN OREGON DIVISION OF WELL by legal description:

County Clackamas Latitude _____ Longitude _____
Township 3 S N or S Range 1 E E or W. WM.
Section 25 NE 1/4 SW 1/4
Tax Lot 00501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 21861 S Central Point Rd.

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	21	Bentonite	0	21	12
6"	21	190				

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	0	125	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	115	190	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 125

(7) PERFORATIONS/SCREENS:

Perforations Method Sawed
 Screens Type _____

From	To	Slot size	Number	Diameter	Material	Tele/plpe size	Casing	Filter
130	190	8x5"	180	4"			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yield gal/min	Drawdown	Drill stem at	Time
<input type="checkbox"/> Pump	50	101	190	2 hr.
<input type="checkbox"/> Bailer				
<input checked="" type="checkbox"/> Air				
<input type="checkbox"/> Flowing Artesian				

Temperature of water 54 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: _____

(10) STATIC WATER LEVEL:

89 ft. below land surface. Date 9-8-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 137'

From	To	Estimated Flow Rate	SWL
<u>137</u>	<u>190</u>	<u>50 GPM</u>	<u>89</u>

(12) WELL LOG:

Material	From	To	SWL
Clay Red with Boulders	0	15	
Clay Brown	15	32	
Clay Blue	32	68	
Clay Grey	68	113	
Clay Grey Sandy	113	137	
Clay Grey with Strips of Sand + Gravel Black	137	190	89

Date started 8-27-96 Completed 9-8-96

(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.

Signed _____ WWC Number _____ 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.

Signed Tom [Signature] WWC Number 1586 Date 9-15-96