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

WATER RESOURCES DEPT (START CARD) #
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name Charles Bennett
Address 5870 SE Sky High Ct
City Milwaukie State Or Zip 97267

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	1	40	Bentonite	1	40	22 sacks
8	40	240				

How was seal placed: Method A B C D E
 Other Granular Bentonite method
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8	0	197	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 197

(7) PERFORATIONS/SCREENS: Drive Down

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
184	195	.188	150			<input checked="" type="checkbox"/>	<input type="checkbox"/>
145	156	.188	90			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	41		1 hr

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:
County CLACKAMAS Latitude _____ Longitude _____
Township 35 N or S Range 1e E or W. WM.
Section 21 SW 1/4 SE 1/4
Tax Lot 2500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
31st and N. Locust

(10) STATIC WATER LEVEL:
105 ft. below land surface. Date Sep 27
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
80	240		105

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	1	10	
Clay, brown, sandy	10	82	
Cemented Gravel, brown	82	90	
Cemented sand and gravel, brown	90	111	
Clay, blue green	111	116	
Clay, grey	116	145	
Clay, grey sandy	145	156	
Clay, grey	156	180	
Clay, sandy, grey	180	195	
Clay, dark brown	195	196	
Clay, blue	196	205	
Clay, grey	205	228	
Clay, grey w/sand, wood	228	237	
Clay, blue	237	240	

Date started Aug 23 Completed Sep 27, 1996

(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 243
Signed Richard Beck Date 9-28-96