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WELL I.D.# L02825

STATE OF OREGON SEP - 8 1997

WATER SUPPLY WELL REPORT

(as required by ORS 537.002) WATER RESOURCES DEPT.

(START CARD)# 95176
Previous S.C. #86715

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

(1) OWNER: Well Number _____
Name Pete's Mountain Water Co., Inc.
Address P.O. Box 418
City Canby State OR. Zip 97013

(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 1052 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From To	Material	From To	Sacks or pounds		
*10	910 1052	Not Changed				
*Tubex						

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: <u>Not Changed</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>8</u>	<u>730</u>	<u>1052</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 1052 (tubex)

(7) PERFORATIONS/SCREENS:

Perforations Method air rotary
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
900	1045	2x1	3500			<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
*122		1052	<input type="checkbox"/>	1 hr.
45		880	<input type="checkbox"/>	1 hr.

*before perforating

Temperature of water approx 57°F 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 3S N or S Range 1E E or W. WM.
Section 4 SW 1/4 NE 1/4
Tax Lot 301 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1277 SW Schaeffer Rd.
West Linn, OR.

(10) STATIC WATER LEVEL:
768 ft. below land surface. Date 8/27/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found SWL (see block 10)

From	To	Estimated Flow Rate	SWL
910	1044	see (8)*	see (10)
*Well is probably capable of several hundred gpm but deep SWL and porous/broken rock significantly reduced air test effectiveness.			

(12) WELL LOG:
Ground Elevation approx. 775' Msl

Material	From	To	SWL
Basalt, grey, bkn, ves, med	910	919	
Basalt, grey/brn, frac, ves, med	919	951	
Basalt, grey/brn/yel, ves, soft	951	981	
Basalt, rusty grey, frac, ves, med	981	1001	
Basalt, rusty grey, bkn, ves, med	1001	1021	
Basalt, grey/brn, bkn, ves, med	1021	1044	
Basalt, grey/brn, frac, med-brd	1044	1052	

Date started 3/10/97 Completed 8/27/97

(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 [Signature] WWC Number 1633
Date 9/5/97

(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 [Signature] WWC Number 649
Date 9/5/97

SET 9718