

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

Clac
52273

(START CARD) # *16757*

(1) OWNER: STEPHEN BYRON Well Number 13765
 Name STEPHEN BYRON
 Address 1760 SW OREGON AVENUE SUITE 101
 City WILSONVILLE State OR Zip 97072

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 233 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	1	4.8	CEMENT	1	4.8	9
10	3.8	4.8	CEMENT	3.8	4.8	11
8	4.8	201	CEMENT	4.8	201	13
6	201	233	CEMENT	201	233	13

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				Welded		Threaded	
				Plastic	Plastic	Plastic	Plastic	Plastic	Plastic	Plastic	Plastic
Casing:	12	4.8	12.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Temperature of water _____ 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 CLATSOP Longitude _____
 Township 33 Nor S. Range 15 E or W, WM _____
 Section 16 Block 112 Subdivision _____
 Street Address by Well (or nearest address) 6205 SW BELMONT
PARSON WILSONVILLE

(10) STATIC WATER LEVEL:
135 ft. below land surface. Date 11/22/77
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 24

From	To	Estimated Flow Rate	SW
157	171		13
226	233		13

(12) WELL LOG: _____ Ground elevation _____

Material	From	To	SW
Soil	1	3	
CLAY BROWN STICKY	3	14	
LINA GREY	14	28	
LINA BROWN	28	65	
LINA GREY	65	110	
LINA GREENISH GREY	110	157	
LINA RED	157	171	
LINA BROWN	171	175	
LINA GREY	175	176	
LINA BROWN	176	190	
LINA RED VASCULAR	190	194	
LINA GREY	194	196	
LINA BROWN DARK	196	204	
LINA DARK GREY	204	226	
LINA BROWN SOFT	226	233	
LINA GREY	233	233	
SET SHIP S460-13			112
LIN 2" GALV.			

Date started _____ Completed _____ 1990

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best 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. Work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
 Signed _____ WWC Number _____
 Date _____

RECEIVED
 WATER RESOURCES DEPT.
 SALEM, OREGON
 APR 19 1980