

CLAC
54470

APR 15 1999

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L L23576
START CARD # 113801

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

(1) OWNER: Well Number _____
Name North Creek Homes
Address PO Box 231148
City Tigard State Or Zip 97128

(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 324 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE		SEAL			
Diameter	From	To	Material	From	To
10	0	326	Bentonite	0	386
6	6	324			

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

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	38.6	250	☒	☐	☒	☐
Liner: 4	8	324	160	☐	☒	☐	☐

Final location of shoe(s) 38.6"

(7) PERFORATIONS/SCREENS:							
☒ Perforations	Method	<u>Saw</u>					
☐ Screens	Type						
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
264	324	3/16	60	4		☐	☒

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

☐ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
18		320	1 hr.

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: _____

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 2 N or S Range 1 E or W. WM.
Section 31 SW 1/4 NE 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5615 SW Blackberry Ln

(10) STATIC WATER LEVEL:
236 ft. below land surface. Date 4-13-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 284

From	To	Estimated Flow Rate	SWL
284	319	18+	236

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay brown	2	21	
" red	21	24	
" brown	24	33	
Basalt gray hard	33	62	
" gray soft	62	101	
" brown soft	101	118	
" gray med.	118	135	
" gray brown soft	135	144	
" gray hard	144	221	
" brown gray med.	221	230	
" reddish brown soft	223	245	236
" gray hard	245	252	
" gray brown med.	252	264	
" gray hard	264	284	
" brown med.	284	319	
" gray med.	319	324	

Date started 4-8-99 Completed 4-12-99
(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 _____
Signed _____ Date 4-13-99