

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

WELL I.D. # L 14885
START CARD # 118726

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

(1) OWNER: Well Number Canyon Creek
Name City of Wilsonville
Address 3000 SW Town Center Loop East
City Wilsonville State OR Zip 97070

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other No Drilling - Pump Rig Used

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 880 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
			NO CHANGES				

How was seal placed: Method A B C D E
 Other No Changes
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:	14"	+1.5	366	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Original	as reported			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	10"	341.5	507	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Mill Slot
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Material	Casing	Liner
381	417	3/16x3	1440			<input type="checkbox"/>	<input checked="" type="checkbox"/>
448	506	3/16x3	2320			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
*100	300		1 hr.
*as originally reported			

Temperature of water *62 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 Clackamas Latitude _____ Longitude _____
Township 3 N of S Range 1 E of W. WM.
Section 12 SE 1/4 SW 1/4
Tax Lot 501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7955 Beockman Rd.
Wilsonville, OR 97070

(10) STATIC WATER LEVEL:
147 ft. below land surface. Date 3-8-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found Not Applicable - Alteration

From	To	Estimated Flow Rate	SWL
NOT APPLICABLE			

(12) WELL LOG: Approx. 233'
Ground Elevation _____

Material	From	To	SWL
NO DRILLING			
The only work done was the installation of the 10 inch liner.			
Original log for this is under SC # 16878.			
RECEIVED			
APR 29 1999			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 2-26-99 Completed 3-8-99

(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 1750
Signed [Signature] Date 4/7/99

(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 649
Signed [Signature] Date 4/19/99