

RECEIVED

WELL I.D.# 25020

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

AUG 16 1999

CLAC
54859

(START CARD) # 104155

Instructions for completing this report are on the reverse side of this form.

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name Sid Miles
Address 7285 S. Lone Elder Rd
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 332 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	1	50	Bentonite	1	50	26 sacks
12	50	332				

How was seal placed: Method A B C D E

Other Granular bentonite method

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 180 ft. to 332 ft. Size of gravel 3/4"

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	12	0	175	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	8	0	332	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 275 & 332

(7) PERFORATIONS/SCREENS:

Perforations Method torch

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	322	3/16	280	8 5/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
400	80		2 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 4S N or S Range 1E E or W. WM.
Section 8 SW 1/4 SW 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

89 ft. below land surface. Date July 16, 1999
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 31

From	To	Estimated Flow Rate	SWL
31	40		31
71	332		89

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	1	4	
Clay, Br, sandy	4	29	
Clay, Brown	29	52	
Clay, grey	52	71	
Cemented Gravel	71	126	
Clay, grey	126	136	
Sand, black	136	140	
Clay, grey	140	168	
Clay, green	168	179	
Clay, grey	179	199	
Sand, cemented	199	205	
Clay, grey	205	224	
Sand, black	224	231	
Clay, grey	231	274	
Sand, black	274	299	
Clay, sandy	299	312	
Clay, grey	312	319	
Sand, black, clayey	319	326	
Clay, blue	326	332	

Date started Aug 12, 1998 Completed July 24, 1999

(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 _____ 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. 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 R. Beal WWC Number 743 Date Aug 18, 99