

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 41302

START CARD # 128561

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

(1) OWNER:

Well Number _____
Name RIVERBEND RIVERBANK WATER IMPR. DIST.
Address 31180 SW RIVERLANE RD.
City WEST LINN State OR Zip 97068

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	0	50	BENT.	0	25	43 SACKS
10	50	103	CEMENT	25	103	70 SACKS
8	103	250				

How was seal placed: Method A B C D E

Other BENT. POURED DRY

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: 8"	+1	103	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method NONE

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner

(8) WELL TESTS: Minimum testing time is _____

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300	N/A	250	1 hr.

Temperature of water 52 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom NO
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 3S N or S Range 1E E or W. WM.
Section 22 NW 1/4 NW 1/4
Tax Lot 2801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
473 HEBB PARK RD., WEST LINN, OR

(10) STATIC WATER LEVEL:

120 ft. below land surface. Date 7-11-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	30	20	20
180	250	300	120

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL & COBBLES	0	3	
CLAY & COBBLES	3	20	
SAND & GRAVEL	20	33	
BROKEN ROCK	33	37	
CLAY GREY W/GRAVEL	37	45	
BRN CLAY W/GRAVEL	45	50	
BASALT GREY WTHRD	50	54	
BASALT GREY HARDER	54	87	
BASALT GREY & RED	87	93	
BASALT GREY MED	93	104	
BASALT GREY & GREEN	104	110	
BASALT GREY	110	177	
BASALT GREY & LAVENDAR	177		
FRACTURED & POROUS		184	
BASALT GREY SEAMY	184	226	
BASALT GREY FRACTURED	226	250	

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date started 7-8-00 Completed 7-11-00

(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 1358
Date 8-3-00

(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 688
Date 8-3-00