

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

WELL I.D. # L 41137  
 START CARD # 131753

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

(1) OWNER: Well Number \_\_\_\_\_  
 Name WATER ENVIRONMENTAL SERVICE  
 Address 9101 SE SUNNYBROOK BLVD., STE. 441  
 City CLACKAMAS State OR Zip 97015

(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 165 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	110	CEMENT/B.	0	110	31 SKS
8	110	165				

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	Plastic	Welded	Threaded
Casing: 8	+2	110	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 110'

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
300+ (?)		165	1 hr.
200		100	"
100		60	"

Pump  Bailer  Air  Artesian

Temperature of water 50°F Depth Artesian Flow Found \_\_\_\_\_  
 Is this done?  Yes By whom AMT  
 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 CLACKMAS Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 1S N or S Range 1E E or W. WM.  
 Section 35 AD SE 1/4 NE 1/4  
 Tax Lot 1600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 11525 SE McLOUGHLIN BLVD., MTLWAUKTE., OR

(10) STATIC WATER LEVEL:  
31 ft. below land surface. Date 7/14/00  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 46/110

From	To	Estimated Flow Rate	SWL
110	150	50 GPM	30
155	165	250 GPM	30

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Gry-brn sand, gravel & cobbles.	0	14	
Dk broken clay w/sm gravel wood.	14	19	
Brn clay & rotten rock	19	30	
Brn & gry-brn basaltblk/ boulders.	30	46	
Red-red brn basalt broken	46	54	30'
Gry-brn basalt w/clayseams	54	78	
Brn basalt, occ soft, occ broken.	78	95	
Blk & brn basalt, occ broken	95	150	30'
Gry claystone w/basaltseams	150	155	
Blk & gry shale basalt & lava very broken	155	165	30

Date started 6/29/00 Completed 7/14/00

(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 \_\_\_\_\_ Date \_\_\_\_\_  
 WWC Number \_\_\_\_\_

(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] Date 8/14/00  
 WWC Number 573

**RECEIVED**

AUG 17 2000