

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

(START CARD) # 130219

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

(1) OWNER: Well Number _____

Name Devin Cooper
Address 25571 S. Barlow Rd
City Grady State OR Zip 97043

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

HOLE			SEAL			Sacks of powder
Diameter	From	To	Material	From	To	
10	1	29	Bentonite	1	29	17
6	29	106				

How was seal placed: Method A B C D E
 Other granular bentonite method
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 6	0	73	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5	65	106	1.160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 77

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type staggered Material 300

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
78	98	.010		5		<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
			1 hr.
38	21		1 hr.

Temperature of water 52 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 55 N or S Range 1E E or W. WM.
Section 18 Ne 1/4 Sw 1/4
Tax Lot 901 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
38 ft. below land surface. Date April 27
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 12

From	To	Estimated Flow Rate	SWL
22	24		14
39	106		38

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	1	3	
Clay, brown, silty	3	22	
Clay, brown	22	27	
Clay, grey	27	49	
Cemented Gravel	49	65	
Clay, brown, some fine brown sand	65	82	
Cemented Gravel	82	91	
Clay, grey	91	101	
Sand, fine, black	101	104	
Sand & Small Gravel, black	104	106	

RECEIVED

MAY 16 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started April 24 Completed April 27, 2001

(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. Beck WWC Number 743 Date 5-15-01