

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 49027
START CARD # 137512

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

(1) **LAND OWNER** Well Number 3
Name Gene Davis
Address 4340 Parker Rd.
City West Linn State Oregon 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 510 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	50	Benbrite	0	50	36
6 3/4	50	331				
8	331	338	Cement	331	338	6
6	338	510				

How was seal placed: Method A B C D E
 Other Placed in dry & prodded
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	42	338	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	180	510	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 338

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Drilled
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele pipe size	Casing	Liner
430	510		320	7/16	4 1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
24	250	470	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian	1 hr.

Temperature of water 55 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 25 N or S Range 1E E or W. WM.
Section 31 NE 1/4 5E 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 23000 Stafford Rd.

(10) **STATIC WATER LEVEL:**
220 ft. below land surface. Date 8-15-01
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
Depth at which water was first found 140

From	To	Estimated Flow Rate	SWL
140	150	1/2	150
435	495	24	220

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Yellow/Brown Clay	1	42	
Dark Brown Clay w/ Sm. Gravel	42	89	
Redish Black Basalt	89	134	
Black Basalt w/ Red Brown in it	134	201	
Red Basalt	201	209	
Black Basalt	209	510	220

RECEIVED
AUG 20 2001
WATER RESOURCES DEPT
SALEM, OREGON

Date started 8-8-01 Completed 8-15-01

(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 Jerry C Eddy WWC Number 10221 Date 8-15-01