

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

WELL I.D. # L 52546
 START CARD # W145568

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

(1) **LAND OWNER** Well Number _____
 Name ELLIOT PRARIE CHRISTIAN SCHOOL
 Address 5385 S SCHNEIDER RD.
 City WOODBURN State OR Zip 97071

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	1	BENTONITE	0	1	16ACK
10	1	78	CEMENT	1	78	27 SACKS
6	78	100	CASING			

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: 6	1	100	.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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 100

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
98	100	1/4" x 1/2"	8	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
50+		100	<input checked="" type="checkbox"/>	1 hr.

Temperature of water 53° Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 50-69

(9) **LOCATION OF WELL by legal description:**
 County CLACKAMAS Latitude _____ Longitude _____
 Township 5 S N or S Range 1 W E or W. WM.
 Section 13 NE 1/4 SW 1/4
 Tax Lot 00400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME AS #1

(10) **STATIC WATER LEVEL:**
26 ft. below land surface. Date 4/1/02
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 56'

From	To	Estimated Flow Rate	SWL
56	69	15 gpm	20
92	100	50+ gpm	26

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

Material	From	To	SWL
TOPSOIL	0	1	
SOFT BROWN CLAY	1	25	
STICKY GRAY CLAY	25	37	
STICKY BROWN CLAY w/SAND	37	>56	
BROWN GRAVEL w/CLAY	56	69	20
STICKY GRAY CLAY	69	87	
BLACK SAND	87	92	
DARK GRAY GRAVEL	92	100	

Date started 3/28/02 Completed 4/1/02
(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 1750 Date 4/1/02
(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 2501 Date 4/1/02