CLAC 60381

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

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

(WELL I.D.)# L 69295
(START CARD) # 165293

(1) OWNER: Well Number _____
Name Delores Williams
Address 16606 Forest Glen Ln
City Mulino State Oregon Zip 97042

(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 170 ft.
Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	120	cement	14	120	80 sacks
			bentonite	0	14	9 sacks

How was seal placed: Method ☐ A ☐ B ☑ C ☐ D ☐ E
☑ Other poured and probed
Backfill placed from _____ ft. to _____ ft. Material Silica sand
Gravel placed from 120 ft. to 170 ft. Size of gravel 6/9

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+22"	157	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	-22	164 5	180	☐	☑	☑	☐
					☐	☐	☐	☐

Final location of shoe(s) na

(7) PERFORATIONS/SCREENS:
☐ Perforations Method Johnson Screen
☑ Screens Type Woven Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
164 5"	170	.50		5"		☐	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30 gpm	135	170	1 hr.

Temperature of water 55 Depth Artesian Flow Found _____
Was a water analysis done? ☑ Yes By whom Merril Drilling Inc
Did any strata contain water not suitable for intended use? ☑ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: 78 feet

(9) LOCATION OF WELL by legal description:
County Clackamas Latitude _____ Longitude _____
Township 5S N or S Range 2E E or W WM.
Section 2 SE 1/4 NW 1/4
Tax Lot 509 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 16606 Forest Glen
Mulino Oregon 97042

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 7-28-04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
10	15	4 gpm	8'
78	83	15 gpm	8'
166	174	30 gpm	18'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
topsoil brown	0	1.5	
clay brown	1.5	10	
clay with cobbles	10	15	8
clay gray	15	21	
sandstone brown soft	21	65	
sandstone brown hard	65	78	
sandstone black	78	83	8
claystone gray	83	102	
claystone bluelsh gray	102	138	
claystone gray	138	157	
sandstone brown	157	166	
sand and gravel coarse	166	174	18
claystone gray	174	180	

RECEIVED
AUG 23 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-19-04 Completed 7-28-04

(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.

WWC Number _____
Signed _____ 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.

WWC Number 1665
Signed Phelps [illegible] Date 8-10-04

DRAFT DRAFT DRAFT DRAFT

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER