

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

DEC 19 2005

WELL I.D. # L 81116

START CARD # 181850

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

(1) LAND OWNERName **Norman Beck**Address **PO Box 638**City **Wilsonville** State **OR** Zip **97070****(2) TYPE OF WORK**☐ New Well☒ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion**(3) DRILL METHOD**☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Other**(4) PROPOSED USE**☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation☐ Thermal ☐ Injection ☐ Livestock ☐ Other**(5) BORE HOLE CONSTRUCTION** Special Construction: ☐ Yes ☒ NoDepth of Completed Well **465** ft.Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
6	336	465	Seal Not Disturbed			

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:					☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS☐ Perforations

Method _____

☐ Screens

Type _____

Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
50+ gpm		200	1 hr.

Temperature of water **53°F** Depth Artesian Flow Found _____Was a water analysis done? ☒ Yes By whom **A. M. J.**Did any strata contain water not suitable for intended use? ☐ Too little☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL (legal description)County **Clackamas**Tax Lot **600**

Lot _____

Township **3S** N or S Range **1E** E or W WMSection **17** NW 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)

Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) **4400 SW Advance Rd.****Wilsonville, OR****(10) STATIC WATER LEVEL****93** ft. below land surface. Date **12/12/2005****93** ft. below land surface. Date **12/15/2005**

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONESDepth at which water was first found **355**

From	To	Estimated Flow Rate	SWL
355	460	50+ gpm	93'

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
Existing 8" well "Clac 9334"			
& "Clac 20203"	---	336	93'
6" Steel liner top @ 210'			
Fill in well, rock debris	315	336	
Pressure grouted well bore	220	336	
(22 sacks mix pumped in place)			
Drilled out grout w/6" (No leaks,			
No Water)			
Deepening:			
Gray-black basalt	336	355	
Brown & red-brown basalt & lava	355	375	93'
Gray-brown, gray-black basalt,	375		
occ. brown basalt interbed		465	93'

Date Started **12/12/2005** Completed **12/15/2005****(unbonded) Water Well Constructor Certification**

I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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 **373** Date **12/15/2005**

Signed _____