

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

GLAC07974

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AUG 11 1989

35/1w/10 hnd

(START CARD) # 10263

(1) OWNER:

Name Halvorson-Mason Corp.
 Address P.O. Box 1449
 City Portland State OR Zip 97207

Well Number: 804

WATER RESOURCES DEPT
 DIVISION OF WELL by legal description:
 SALEM, OREGON

County Clackamas Longitude _____
 Township 3-S N or S, Range 1-W E or W, WM.
 Section 10 SE $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) So end of Lake at HoodView Heights. (Tooze Rd.)

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other Recharging Lake

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date 7/14/89
 Artesian pressure _____ lb. per square inch. Date _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 270 ft.
 Yes No XX
 Explosives used XX Type _____ Amount _____

(11) WATER BEARING ZONES:

Depth at which water was first found 45' - 90' -- 10 GPM

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12 1/4"	0'	18'	Cement	0'	18'	5 Sacks
8"	18'	270'				

From	To	Estimated Flow Rate	SWL
125'	130'	15 GPM	n/a
150'	155'	20 GPM	n/a
190'	210'	5 GPM	n/a
255'	270'	35 GPM	

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 _____

(12) WELL LOG:

Material	From	To	SWL
Clay & Rock	0	3	
Hard Gr/Brwn. Basalt	3	20	
Hard Gray Basalt	20	45	
M.H. Gr/Brwn. Fractured Basalt	45	55	
M.H. Gr/Brwn/Red Cinder	55	60	
M.H. Gr/Brwn. Basalt	60	90	
Hard Gray Basalt	90	105	
Very Hard Gray Basalt	105	125	
M.H. Gr/Brwn. Basalt	125	130	
H. Gray Basalt	130	150	
M.H. Gray/Brwn. Basalt	150	155	
Hard Gray Basalt	155	190	
M.H. Gr/Brwn. Basalt	190	210	
Hard Gray Basalt	210	220	
Very Hard Gray Fractured Basalt	220	235	
M.H. Gray Basalt	235	242	
Hard Gray Fractured Bas.	242	245	
Hard Gray Basalt	245	250	
Hard Gray Fract. Basalt	250	255	
Hard Black Basalt	255	270	
Hard Gray Basalt	270		

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					XX				XX			
Casing:	8"	+1	19'	.025	XX				XX			
Liner:												

Final location of shoe(s) 19'

Date started 7/10/89 Completed 7/14/89

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 645
 Signed _____ Date 8/10/89

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 85 GPM Drawdown _____ Drill stem at 270' Time 1 hr.

Temperature of water 54° 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: _____