

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON within 30 days from the date of well completion.

RECEIVED (CLAC \$67) AUG 25 1965 WATER WELL REPORT SALEM OREGON (Please type or print)

State Well No. 1/3-36 D
State Permit No. _____

(1) OWNER:
Name Dave Tilstrom Robert Taylor
Address Gresham, Oreg.

(2) LOCATION OF WELL:
County Clackamas, Driller's well number _____
Bearing and distance from section or subdivision corner
900' South & 30' West of N.E. Corner of NW 1/4 of NW 1/4 of Sec 36

(3) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):
Domestic Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:
Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:
8" Diam. from 0 ft. to 310 ft. Gage 277
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:
Type of perforator used Torch
Size of perforations 1/4 in. by 3 in.
4 per ft. perforations from 110 ft. to 295 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(8) SCREENS:
Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:
Well seal—Material used cement below bedrock
Depth of seal 100 ft. Was a packer used? _____
Diameter of well bore to bottom of seal 10 in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level 70' ft. below land surface Date _____
Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: 100 gal./min. with 10 ft. drawdown after 1 hrs.
" 195 " 70 " 1/2 "
" 200 " 71 " 2 "
Bailer test gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well below casing 8"
Depth drilled 316 ft. Depth of completed well 316 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

| MATERIAL | FROM | TO |
|------------------------------|------|-----|
| Top soil | 0 | 2 |
| brown clay | 2 | 25 |
| yellow clay & pebbles | 25 | 35 |
| cement gravel | 35 | 64 |
| Hard lava rock | 64 | 70 |
| soft lava rock | 70 | 95 |
| Looseley cemented - water | 95 | 138 |
| brown clay & gravel | 142 | 145 |
| Looseley cemented | 145 | 180 |
| brown clay | 180 | 188 |
| Loosely cemented | 188 | 240 |
| Loose gravel - water bearing | 240 | 268 |
| clay | 268 | 272 |
| cemented | 272 | 278 |
| coarse sand & cement | 278 | 303 |
| brown clay - | 303 | 316 |

Work started Feb 1965 Completed Feb, 1965
Date well drilling machine moved off of well _____ 19 _____

(13) PUMP:
Manufacturer's Name none
Type: _____ H.P. _____

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME A.O. Olsen (Person, firm or corporation) (Type or print)
Address 18211 S.E. Powell Gresham,
Drilling Machine Operator's License No. 282 215
[Signed] A.O. Olsen (Water well Contractor)
Contractor's License No. 282 Date Aug, 1965