

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

Desc 55225

WELL I.D. # L 62548
START CARD # 155157

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

(1) LAND OWNER Name JOSEPH W. ANGELO Well Number _____
Address 350 SW KINGSTON
City PORTLAND State OR Zip 97205

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	14 1/2	15 1/2	CE	0	12 1/2	11 SACKS
10	15 1/2	530				

How was seal placed: Method A B C D E
 Other POURED IN DRY
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: 10	14 1/2	15 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	0	530	178	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method MACHINED
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
430	470	1/4 x 1/4	640	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
470	530	1/4 x 1/4	640	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500+	0	525	1 hr

Temperature of water 52 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: _____

(9) LOCATION OF WELL by legal description:
County DESC Latitude _____ Longitude _____
Township 16 N or S Range 11 E or W WM
Section 4 NW 1/4 NW 1/4
Tax Lot 810 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) LOT #1 SNOW CREEK RD.

(10) STATIC WATER LEVEL:
265 ft. below land surface. Date 4-8-03
Artesian pressure _____ lb per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 265'

From	To	Estimated Flow Rate	SWL
265	280	5	265
280	330	20	265
330	450	25	265
485	530	450+	265

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	3	
HARD GREY LAVA	3	42	
BROWN SANDSTONE	42	180	
HARD GREY LAVA	180	245	
FRESH SANDSTONE	245	280	
HARD GREY LAVA	280	285	
W.P. BROWN SANDSTN	285	280	265
W.P. FRESH LAVA	280	330	
W.P. COARSE SANDSTN	330	450	
HARD GREY LAVA	450	485	
W.P. COARSE SANDSTN	485	530	

RECEIVED

MAY 02 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-4-03 Completed 4-8-03

(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 1276
Date 4-8-03

(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 1255
Date 4-8-03

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 Other _____

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 Thermal Injection Livestock Other _____

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 Special Construction approval Yes No Depth of Completed Well 530 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	18 1/2	BC	0	18 1/2	11 SACKS
10	18 1/2	530				

How was seal placed: Method A B C D E
 Other POURED IN DRY
 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: 10	1 1/2	18 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	0	530	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
430	470	1/8 x 1/4	640	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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(8) **WELL TESTS: Minimum testing time is 1 hour**

Yield gal/min	Drawdown	Drill stem at	Time
500 +	0	525	(hr)

Flowing Artesian Air Pump Bailer

Temperature of water 52 ° 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: _____

(9) **LOCATION OF WELL by legal description:**
 County DESC Latitude _____ Longitude _____
 Township 16 N or S Range 11 E or W. WM.
 Section 4 NW 1/4 NW 1/4
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
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280	330	20	265
330	450	25	265
485	530	450 +	265

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

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TOP SOIL	0	3	
HARD GREY LAVA	3	42	
BROWN SANDSTONE	42	180	
HARD GREY LAVA	180	245	
BROWN CLINCH CONGLOM	245	253	
HARD GREY LAVA	253	265	
W.B. BROWN SANDSTN	265	280	265
W.B. BROKEN LAVA	280	330	
W.B. COARSE SANDSTN	330	485	
HARD GREY LAVA	485	530	
W.B. COARSE SANDSTN	485	530	

RECEIVED

APR 16 2003

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SALEM, OREGON

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 Signed [Signature] WWC Number 1276 Date 4-8-03

(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 1255 Date 4-8-03