RECEIVED

JUN 7 1999

WATER RESOURCES DEPT
SALEM, OREGON

GRAN 50242

WELL I.D.# L23949

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

(START CARD) # 89527

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

(1) OWNER: Well Number _____

Name Paul TaBshy

Address 45415 Wildcat Mtn

City Sandy State Or Zip 97055

(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 214 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	22	Bentonite	0	22	15 Sacks
6"	22	214				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Pour

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:	6"	+1	22	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	5"	-4	214	188	☒	☐	☒	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Factory Cuts

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
154	194	¼x4	350	5		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
8	169	200	1 hr.

Temperature of water 56 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 Grant Latitude _____ Longitude _____

Township 12 N or S Range 31 E or W. WM.

Section 19 NE 1/4 SW 1/4

Tax Lot 202 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Mile Post 111

North on Hwy 395 out of Mt. Vernon Or

(10) STATIC WATER LEVEL:

64 ft. below land surface. Date 5-28-99

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 169

From	To	Estimated Flow Rate	SWL
169	185	8	64

(12) WELL LOG:

Ground Elevation 3550

Material	From	To	SWL
Top Soil Brown	0	7	
Brown Broken Basalt	7	16	
Brown Basalt Hard	16	87	64
gray Basalt Hard	87	100	
Brown Basalt Hard	100	122	
Brown Basalt Med Hard	122	125	
gray Basalt Hard	125	153	
gray Basalt w Blue Seams of mineral	153	169	
gray Broken Basalt Water Bearing	169	185	
gray Basalt Hard	185	214	

Date started 5-24-99 Completed 5-27-99

(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 1606

Signed John Mariel Date 5-28-99

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