

RECEIVED GRAN 50769

AUG 01 2005

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT

WELL I.D. # L NONE
START CARD # 169193

Instructions for completing this report are on the last page of OREGON

(1) LAND OWNER
Name NORMAN S STRASSER Well Number 1
Address 19231 24th Ave West
City Lynnwood State WA Zip 98036

(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 280 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL				Sacks or pounds
Diameter	From	To	Material	From	To			
6	0	280	CEMENT	0	280			

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:

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

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

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

Temperature of water _____ 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 13S N or S Range 30 E or W. WM.
Section 36 NE 1/4 NW 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 58215 ANTELOPE LN. MT. VERMILION

(10) STATIC WATER LEVEL:
0 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found N/A

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation 3425

Material	From	To	SWL
GRAY SAND & BROWN CLAY	0	18	
GRAY CLAY + GRAVEL	18	35	
RED CLAY	35	47	
CLAYSTONE	47	53	
BROWN CLAY + GRAVEL	53	64	
LIGHT GREEN CLAY	64	69	
BROWN CLAY + GRAVEL	69	78	
GRAY GREEN CLAY	78	107	
BROWN CLAY + GRAVEL	107	110	
GRAY CLAY + GRAVEL	110	126	
BROWN CLAY + GRAVEL	126	189	
GRAY CLAY + GRAVEL	189	209	
BROWN CLAY + GRAVEL	209	227	
GRAY CLAY + GRAVEL	227	231	
BROWN CLAY + GRAVEL	231	238	
GRAY CLAY + GRAVEL	238	280	
Fill with CEMENT FROM BOTTOM TO TOP.			

Date started July 1 05 Completed July 2 05

(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 1712
Signed James Deak Date 28 July 05