

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company MT SHADOWS HOME OWNERS ASSOCIATION; SIMMONS, ED
 Address 3500 SE GAILFORD COURT
 City MILWAUKIE State OR Zip 97222

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 530.00 ft.
BORE HOLE
 Dia From To Material From To Amt sacks/lbs

10	0	40	Bentonite	0	40	40	S
8	40	294				Calculated	18.26
6	294	530	Cement	40	294	58	S
						Calculated	25.68

How was seal placed: Method A B C D E
 Other POUR IN
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	294	.025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	4.5	<input type="checkbox"/>	270	530	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 294
 Temp casing Yes Dia 10 From 0 To 20

(7) PERFORATIONS/SCREENS
 Perforations Method SAW
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		4.5	470	530	.25	6	40	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15		525	1

Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County HOOD RIVER Twp 1.00 S N/S Range 10.00 E E/W WM
 Sec 31 NW 1/4 of the NE 1/4 Tax Lot 1900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
5015 MOUNT SHADOW DR, PARKDALE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	6/30/2016			380

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 462.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/30/2016	462	530	15			380

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
CLAY, SAND & BOULDES	2	42
CINDERS, RED & GRAY, MED HARD	42	71
BASALT, GRAY, MED HARD	71	85
CINDERS, RED & GRAY, SOFT	85	165
CINDERS, RED & GRAY, MED	165	181
CINDERS, BROWN, RED & GRAY, SOFT	181	282
LAVA ROCK, RED & GRAY, MED	282	462
CINDERS, RED & GRAY, W/B	462	520
BASALT, RED & GRAY	520	530

Date Started 6/14/2016 Completed 6/30/2016
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.
 License Number _____ Date _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.
 License Number 1256 Date 7/7/2016
 Signed KARL F MOORE JR (E-filed)
 Contact Info (optional) WILMA BENSON