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WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 23659
START CARD # 102283

(1) OWNER: Well Number _____
Name Jim Martin
Address 11780 SW Bruce Ct.
City Beaverton, State Ore. Zip 97708

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
[ ] Other _____

(4) PROPOSED USE:
[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 450 ft.
Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12"	0	18'	bentonite	0	18	10sks
8"	-18	-450				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other poured
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:	8"	+2'	-18	.250	[X]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	6"	-2'	-450	.188	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
[X] Perforations Method factory
[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-430	-450	1/8x3	236	6"		[ ]	[X]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

Yield gal/min	Drawdown	Drill stem at	Time
25+	unknown	450'	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 Jefferson Latitude _____ Longitude _____
Township 13S N or S Range 13E E or W. WM.
Section 31 NE 1/4 NW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
4700 SW Antelope Dr.

(10) STATIC WATER LEVEL:
370 ft. below land surface. Date 1-7-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 385'

From	To	Estimated Flow Rate	SWL
385'	450'	25+	370'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
brkn gray lava	0	27'	
brkn rock congl	27'	49'	
fract gray lava	49'	210'	
brkn rock congl	210'	319'	
brwn sandstone congl	319'	361'	
black sandstone congl	361'	385'	370'
brwn sandstone	385'	430'	
brwn congl	430'	450'	

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Date started 1-5-99 Completed 1-7-99

(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 1658
Signed [signature] Date 1-9-99

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