

LANE 50395

Hole Number P-10

City PORTLAND State OR Zip 97205

☒ New ☐ Deepening ☐ Alteration (repair/recondition) ☒ Abandonment

☒ Rotary Air ☐ Hand Auger ☐ Hollow Stem Auger
☐ Rotary Mud ☐ Cable Tool ☒ Push Probe ☐ Other

☒ Uncased Temporary ☐ Cased Permanent
☐ Uncased Permanent ☐ Slope Stability ☐ Other

Special Construction approval ☐ Yes ☒ No Depth of Completed Hole 14 ft.

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
1"	0	14	BENTONITE	0	14	5 LBS

Filter Pack placed from _____ ft. to _____ ft. Size of pack _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	2 1/2"				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slot size ☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Permeability _____ Yield _____ GPM _____

Conductivity _____ PH _____

Temperature of water _____ °F/C Depth artesian flow found _____ ft

Was water analysis done? ☐ Yes ☐ No

By whom? _____

Depth of strata analyzed. From _____ ft. to _____ ft.

Remarks: _____

County LANE Latitude _____ Longitude _____

Township 1 N or S Range 1 E or W. WM.

Section 14 Nw 1/4 NE 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 1650 N Lombard

PORTLAND

Men with location identified must be attached

Map with location identified must be attached

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

Ground Elevation

Material Description	From	To	SWL
SILTY SANDS	0	14	
DRILL LOG			
DEUR 3 NWS			
WATER			
SALEM, OREGON			

Date Started 11-15-95

Date Completed 11-15-95

[illegible]

Date started 11-15-95

Date Completed 11-15-95

(to be signed by a licensed water supply or monitoring well constructor, or registered geologist or civil engineer).

I accept responsibility for the construction, alteration, or abandonment work performed on during the construction dates reported above. All work performed during this time is in compliance with Oregon geotechnical hole construction standards. This report is true to the best of my knowledge and belief.

License or Registration Number 10347

Signed Thomas C. Wi Date 12-20-95

Affiliation GEO - TECH

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

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

