

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

MALH 2589
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17S/44E/8CC
 (START CARD) # *29802*

(1) OWNER: Well Number: *29802*
 Name *Fred Scott*
 Address *4707 SE River Drive*
 City *Milwaukie* State *OR* Zip *97222*

(9) LOCATION OF WELL by legal description:
 County *Molhai* Latitude _____ Longitude _____
 Township *17S* N or S. Range *44E* E or W. WM.
 Section *8* SW $\frac{1}{4}$ SW $\frac{1}{4}$
 Tax Lot *3400* Block _____ Subdivision _____
 Street Address of Well (or nearest address) *S. RD 9, Vale, OR 97918*

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well *170* ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<i>16</i>	<i>0</i>	<i>37</i>	<i>Cement</i>			
<i>12</i>	<i>0</i>	<i>170</i>	<i>Grout</i>	<i>0</i>	<i>18</i>	<i>20</i>

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from *37* ft. to *18* ft. Size of gravel *3/4*

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material		Welded		Threaded	
					Steel	Plastic	Welded	Threaded		
Casing: <i>12</i>	<i>12</i>	<i>1</i>	<i>40</i>	<i>250</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) *40 ft*

(7) PERFORATIONS/SCREENS:
 Perforations Method *Brush Factory*
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>39</i>	<i>30</i>	<i>3"</i>	<i>240</i>	<i>1 1/8"</i>	<i>12"</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
 Yield gal/min *600* Drawdown *130 ft* *148'* Time *1 hr.*
 Temperature of water *58°* 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: _____

(10) STATIC WATER LEVEL:
 _____ *18* ft. below land surface. Date *4-30-91*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found *20 ft*

From	To	Estimated Flow Rate	SWL
<i>20</i>	<i>37</i>	<i>306 PM</i>	<i>18</i>
<i>85</i>	<i>90</i>	<i>406 PM</i>	<i>18</i>
<i>151</i>	<i>170</i>	<i>5306 PM</i>	<i>18</i>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<i>topsoil</i>	<i>0</i>	<i>2</i>	
<i>hard pan</i>	<i>2</i>	<i>7</i>	
<i>Brown clay</i>	<i>7</i>	<i>20</i>	
<i>Sand & pea gravel</i>	<i>20</i>	<i>37</i>	<i>18</i>
<i>Brown clay - sandy</i>	<i>37</i>	<i>85</i>	
<i>Sand & pea gravel</i>	<i>85</i>	<i>90</i>	<i>18</i>
<i>Brown clay - sandy</i>	<i>90</i>	<i>129</i>	
<i>Blue clay - sandy</i>	<i>129</i>	<i>151</i>	
<i>Sand & pea gravel</i>	<i>151</i>	<i>170</i>	<i>18</i>

RECEIVED
 MAY 3 1991
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started *4-25-91* Completed *4-30-91*
 (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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____
 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed *Jon M. Fife* WWC Number *1485*
 Date *4-31-91*