

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

MAR 1979 JUL 16 1987
 WATER RESOURCES DEPT. SALEM, OREGON

Per WWC: Location 55/1W-4de
 is. 55/1W-4 ^{SE 1/4 SW}

(1) OWNER:
 Name Chateau Mobile Village
 Address 9931 S. E. Eastmont Dr.
 City Gresham, Or. 97030 State _____ Zip _____

Well Number: _____

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 5S N or S, Range 5W E or W, WM.
 Section 29 SE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(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 _____

BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 122 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
2	0 122	Cement	0 25	25 Sacks

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 25 ft. to 122 ft. Material Gravel
 Gravel placed from 25 ft. to 122 ft. Size of gravel 3/8Pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	122	.25	<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"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
2	122		80	1 1/2		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		122	1 hr.

Temperature of water 54 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:
30 ft. below land surface. Date 6-18-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 75

From	To	Estimated Flow Rate	SWL
75	95	30	
95	122	70	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	14	
Blue Clay	14	36	
Silty Brown Sand	36	49	
Med. Brown Sand	49	75	
Med. & fine Blue Sand	75	106	
Small Blue Gravel w/med. blue sand	106	122	

Date started 6-11-87 Completed 6-18-87

(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 Randall A. Wilson WWC Number 795 Date 6-18-87