

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

Mari
17596

(START CARD) #

4s/1w/11
28559

(1) OWNER:

Name JEFF ALZNER Well Number # 3
 Address 8100 SW 71
 City TIGARD State OREG Zip _____

(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 117 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	BENTONITE	0	20	17
6	20	150				

How was seal placed: Method A B C D E

Other FOREP

Backfill placed from 117 ft. to 150 ft. Material 3/4" CRUSHED ROCK

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6	+1	104	250"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	+1	107	250"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method PULL BACK
 Screens Type _____ Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
105	115	40			5"	<input type="checkbox"/>	<input type="checkbox"/>
107	117					<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40	20		1 hr.

Temperature of Water 56° 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 MARION Latitude _____ Longitude _____
 Township 4S N or S. Range 1W E or W. WM.
 Section 11 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

54 ft. below land surface. Date 11/26/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 107

From	To	Estimated Flow Rate	SWL
107	116	50 GPM	54

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
SANDY BROWN CLAY	1	52	
BLUE CLAY	52	60	
SANDY BLUE CLAY	60	102	
COURSE BLACK SAND	102	105	
BLUE CLAY	105	107	
LOOSE SAND AND GRAVEL	107	116	54
BLUE CLAY	116	150	

Date started 11/21/91 Completed 11/26/91

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 462
 Signed [Signature] Date 12/1/91