

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

Mari
 17597

4s/1w/11
 28557

(START CARD) #

(1) OWNER: Well Number **# 2**
 Name **JEFF ALZNER**
 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 **114** ft.
 Explosives used Yes No Type Amount

HOLE		SEAL		Material	Amount	
Diameter	From	To	From		To	sacks or pounds
10	0	20	0	BENTONITE	20	74
6	20	700				

How was seal placed: Method A B C D E
 Other **PORED**

Backfill placed from **114** ft. to **200** 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
Casing: 6	+1	103	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		99		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<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
103	114	40			5"	<input type="checkbox"/>	<input type="checkbox"/>
99						<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
35	19		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 **45** N or S. Range **1W** E or W. WM.
 Section **11** 1/4 _____ 1/4 _____
 Tax Lot **40375-00** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
53 ft. below land surface. Date **11/20/91**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **101**

From	To	Estimated Flow Rate	SWL
101	114	50	53

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
BROWN SANDY CLAY	2	74	
BLUE CLAY	74	82	
BLACK SAND	82	85	
COURSE SAND	85	91	
BLUE CLAY	91	99	
SAND	99	101	
LOOSE SAND AND GRAVEL	101	114	53
BLUE CLAY	114	200	

Date started **11/16/91** Completed **11/20/91**

(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 **11/29/91**