MAR 1 APR 1 8 1996 OVER THE COUNTER

50437 WATER RESOURCES DEPT. SALEM, OREGON

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

Well ID # L0000365
(START CARD) # 84584

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name Rene Vasquez
Address PO Box 1145
City Beaverton State OR Zip 97075

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
[ ] Other _____

(4) PROPOSED USE:
[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 260 ft.
Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	59	Cement	0	59	17+ bent.
6	59	260				

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6 in	+1	59	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	4 in	0	260	#160	[ ]	[X]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) 59 ft.

(7) PERFORATIONS/SCREENS:
[X] Perforations Method Saw
[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	260	18x5	144			[ ]	[X]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

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

Temperature of water 55 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 8-S N or S Range 3-W E or W. WM.
Section 27 NW 1/4 SE 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) None: Due South of Faith Temple Church 922 Hylo Rd SE

(10) STATIC WATER LEVEL:
67 ft. below land surface. Date 4-11-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 134

From	To	Estimated Flow Rate	SWL
134	260	40	67

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Red Clay	1	6	
Brown Clay	6	18	
Decomposed basalt	18	38	
Broken basalt	38	48	
Hard black basalt	48	134	
Broken basalt	134	166	67
Hard black basalt	166	238	67
Seamed black basalt	238	260	67

Date started 4-4-96 Completed 4-11-96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number 1548
Signed Tom [signature] Date 4-15-96

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1273
Signed Floyd Sipe Date 4-15-96

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