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WELL I.D.# L13591

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

(START CARD) # 101525

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

(1) OWNER: Well Number _____
 Name Shirley Tringas
 Address 17726 Butteville Rd. NE
 City Woodburn State OR Zip 97071

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 169 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	120	cement	0	120	98 sacks
						5% bentonite

How was seal placed: Method A B 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: 12"	+2'	4'	120	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liner:							

Final location of shoe(s) 120'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
+3'	120'	9"		10"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
120'	9"	131	.100	10"	p.s.	<input type="checkbox"/>	<input type="checkbox"/>
131	152			10"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
152	164		.100	10"	p.s.	<input type="checkbox"/>	<input type="checkbox"/>
164	169			10"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

169' Bottom plate

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

Yield gal/min	Drawdown	Drill stem at	Time
650		160	1 hr.

Temperature of water 53 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 2W E or W. WM.
 Section 36 SW 1/4 SE 1/4
 Tax Lot 1600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 17726 Butteville Road NE Woodburn, OR 97071

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 3/30/98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 15'

From	To	Estimated Flow Rate	SWL
105	109	40 gpm	
153	165	1000 gpm	
15	22	20 gpm	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Clay brown	1	22	8'
Clay gray	22	87	
Clay gray sandy	87	91	8'
Clay brown sandy	91	93	
Clay gray, sand	93	96	
Clay gray sticky	96	101	
Clay gray sandy	101	105	
Sand & gravel, black	105	109	12'
Clay gray sticky	109	121	
Clay sandy gray	121	126	
Sand & gravel	126	132	18'
Clay gray	132	153	
Sand black, silt	153	156	18'
Sand black	156	159	18'
Sand, gravel, silt	159	165	18'
Clay gray sticky	165	170	

Date started 2/4/98 Completed 3/30/98

(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.

Signed Jay A. [Signature] WWC Number 1704
 Date 4/20/98

(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.

Signed Ivan [Signature] WWC Number 783
 Date 4/20/98