

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

MAR 1
 54677

WELL I.D.# _____

(START CARD) # 119064

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

(1) OWNER: Well Number _____

Name George Jacobson
 Address 2700 SE Tacoma St
 City Portland State Or Zip 97202

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	1	32	Bentonite	1	32	16 sacks
6	32	130				

How was seal placed: Method A B C D E

Other Granular Bentonite method

Backfill placed from _____ ft. to _____ ft. Material _____

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing 6	0	130	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 130

(7) PERFORATIONS/SCREENS:

Method		Type		Material		Casing	Liner
From	To	Slot size	Number	Diameter	Tele/pipe size		
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
38	8		3 hr

Temperature of water 52 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 Sw 1/4 Ne 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

14357 Keil Rd Ne

(10) STATIC WATER LEVEL:

58 ft. below land surface. Date March 3
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 9

From	To	Estimated Flow Rate	SWL
9	130		58

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	1	3	
Clay, brown, silty	3	23	
Clay, brown	23	56	
Clay, grey	56	114	
Cemented Gravel	114	119	
Sand & Gravel, black	119	130	

RECEIVED

MAR 31 2000

WATER RESOURCES DEPT
 SALEM, OREGON

Date started Feb 17 Completed March 3, 2000

(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 _____ Date _____ WWC Number _____

(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 OR 1 Date _____ WWC Number 243