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50453

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(As required by ORS 537.465)

WELL I.D. # 26797  
START CARD # 84859-127536

Instructions for completion: This report acts as the final stage of this form.

(1) OWNER: Well Number \_\_\_\_\_  
Name Ron Mailleux  
Address 78647 Fairview Rd.  
City Beaverton State OR Zip 97008

(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 approved  Yes  No Depth of Completed Well 123 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

ROPE			SEAL			
Diameter	From	To	Material	From	To	Seals or joints
10"	0	46	Holz 4630	10	46	24
6"	46	123	Agaract	0	10	4

How was seal placed: Method  A  B  C  D  B  
 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"	0	46	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Line: 4"	40	123	252	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plant location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method Skid Saw

From	To	Size	Type	Material	Velocity	Coating	Line
23	123	24"	40				<input checked="" type="checkbox"/>

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

Pump  Bailor  Air  Flowing  
Yield gallons \_\_\_\_\_ Drawdown \_\_\_\_\_ Drill stem M. \_\_\_\_\_ Arterial \_\_\_\_\_  
Time \_\_\_\_\_ 1hr

Temperature of water 54 ° Depth Artesian Flow Point \_\_\_\_\_  
Was a water analysis done?  Yes  No By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Hazy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Morrow Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 4N N or S Range 25E E or W. W.M.  
Section 14 SW 1/4 NW 1/4  
Tax Lot 2400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Eastview Rd.

(10) STATIC WATER LEVEL:  
4.3 ft. below land surface. Date 7-20-99  
Artesian pressure \_\_\_\_\_ Psi per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 110'

From	To	Estimated Flow Rate	SWL
110	121	12-15	43

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Sand	0	23	
Sand & little gravel	23	30	
Basalt med hard	30	38	
Basalt (hard)	38	41	
Basalt (hard)	41	110	
Claystone (red)	110	115	
Alve clay	115	121	
Basalt (hard)	121	125	

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WATER RESOURCES DEPT  
SALEM, OREGON

Date started 9-4-99 Completed 9-5-99  
(unbound) 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 \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

(bound) 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 1719  
Signed Z. O. Anne Date \_\_\_\_\_