

(1) OWNER:

Name PROVIDENCE HOSPITAL
Address PORTLAND OREGON

(2) LOCATION OF WELL:

County _____ Owner's number, if any— _____
1/4 Section T. R. W.M.
Bearing and distance from section or subdivision corner _____

TYPE OF WORK (check):

Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Industrial Municipal
 Test Well Other

(5) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:

Threaded Welded

_____ " Diam. from _____ ft. to _____ ft. Gage _____
_____ " Diam. from _____ ft. to _____ ft. Gage _____
_____ " Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes No

Type of perforator used _____
SIZE of perforations in. by in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

SCREENS:

Well screen installed Yes No

Manufacturer's Name _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION:

Well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal— _____
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level 116 ft. below land surface Date 2/22/62
Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by Providence Hospital
[Signed] J. Tucker Date 3/20/1962
Plant Dept. (Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? R.J. STRASSER DRILL CO.

Yield: 360 gal./min. with 8 ft. drawdown after 2 hrs.
" " " " "
" " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water 54° Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well _____ inches.

Depth drilled _____ ft. Depth of completed well _____ ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
ON 2/22/62 PUMP WAS PULLED FROM WELL		
2/20 WELL WAS CLEANED OUT AND REDEVELOPED WITH BAIER AND SAND PUMP-		
2/20 200 LBS. DRY ACID PLACED IN WELL		
2/21 TEST PUMP INSTALLED		
2/22 TEST MADE		
2/23 MOVED OFF PERMANENT PUMP TO BE RE-INSTALLED AT A LATER DATE		

Work started 2/16 1962 Completed 2/23 1962

(13) PUMP:

Manufacturer's Name _____
Type: _____ H.P. _____

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME R.J. STRASSER DRILLING CO
(Person, firm, or corporation) (Type or print)

Address 810 SE SUNSET LANE PORT ORE

Driller's well number _____

[Signed] Paul O. Rydman
(Well Driller)

License No. 10 Date Mar 10 1962