

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

MULT 001272 AUG 16 1989
WATER RESOURCES DEPT.
SALEM, OREGON WATER RESOURCES DEPT.

RECEIVED
SEP - 5 1989

IN/3E/206C
11195

(1) OWNER: Name HAMCO Well Number: _____
Address 19609 N.E. Marine Drive
City Portland State OR Zip 97230

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 165 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	Cement + Bentonite	0	20	10
6	20	165				

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:

Casing/Liner	Diameter	From	To	Gauge	Type			
					Steel	Plastic	Welded	Threaded
Casing:	6	1	110	350	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	100	165	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 110

(7) PERFORATIONS/SCREENS:
 Perforations Method DRILL
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
125	145		40	5/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 70 Drawdown _____ Drill stem at 145 Time 2 hr.

Temperature of water _____ 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: 34-65

(9) LOCATION OF WELL by legal description:
County Mult Latitude _____ Longitude _____
Township 1N N or S, Range 3E E or W, WM.
Section 20 SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
24 ft. below land surface. Date 8-9-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 34

From	To	Estimated Flow Rate	SWL
34	65	45	
121	165	70	24

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL	0	1	
BAN CLAY	1	16	
Blue/BAN Sandstone	16	22	
Cemented Gravel	22	24	
DARK BAN Sandstone	24	31	
BLACK Sandstone	31	49	
BAN SAND + Gravel	49	106	
BAN CLAY	106	108	
Grey CLAY	108	114	
BAN CLAY	114	121	
DARK Blue Sandstone	121	127	
Blue Grey CLAY	127	132	
Blue/BAN CLAY + Sandstone	132	165	24

Date started 8-8-89 Completed 8-9-89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ WWC Number _____
Date _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Don Fealeris WWC Number 715
Date 8-14-89