

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

MULT
028

AUG 9 1990

WATER RESOURCES DEPT.

(START CARD) #

1S/4E/19cb
22551

(1) OWNER: Well Number: _____
 Name Henry Mishima
 Address 840 N.W. CTH
 City Gresham State ORE Zip _____

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
	0	Cement	0	22
	6		70	320

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: 6	71	320	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) 320

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	260	1/8	2	360		<input checked="" type="checkbox"/>	<input type="checkbox"/>
280	320	1/8	2	720		<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
70		320	1 hr.
70		260	1
30		240	1

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: _____

(9) LOCATION OF WELL by legal description:
 County MULT Latitude _____ Longitude _____
 Township 1S Nor S. Range 4 E or W, WM.
 Section 19 NW SW
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) N-A South
CROSS STREET FROM END OF 287TH SE

(10) STATIC WATER LEVEL:
130 ft. below land surface. Date 8-6-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
80	82	3-5	40
240	316	70-100	130

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
Red CLAY	2	14	
yellow CLAY	14	29	
Cemented GRAVEL	29		40
with Large Boulders		200	
LOOSE GRAVEL	200	270	
Red SAND	270	275	130
LOOSE GRAVEL	275	316	
BROWN CLAY	316	320	
Recommended Pump			
Setting at 273 FT			
at NOT MORE THAN			
70 GPM.			

Date started 8-2-90 Completed 8-6-90

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 616
 Signed Red Whittaker Date 8-7-90