

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

MULT
3977

AUG 29 1991

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # **22533**

12/4/19

(1) OWNER: WM RICHARDS NURSERY Wall Number: _____
 Name _____
 Address 29415 SE POWELL VALLEY RD
 City GRESHAM State OR Zip 97080

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

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
12	0	20	CEMENT	12
10	20	165	CEMENT	9
8	165	303		

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 20 ft. to 135 ft. Material Pea GRAVEL
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+2	215	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6	+1	303	200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) 215

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
105	303	1/8 x 1/16	480	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 15 Drawdown 2 Drill stem at _____ Time 1 hr.
150 115 _____ 4

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 no
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County MULT Latitude _____ Longitude _____
 Township 1 North Range 4 East W. WM.
 Section 19 1/4 _____ 1/4 _____
 Tax Lot 0183 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 29415 SE Powell Valley Rd. GRESHAM, OR

(10) STATIC WATER LEVEL:
153 ft. below land surface. Date 8-1-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 270

From	To	Estimated Flow Rate	SWL
270	303	150	153

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Clay Yellow	2	63	
Clay Brown w/ small gravel	63	94	
Cemented Gravel	94	111	
Clay Yellow	111	114	
Cemented Gravel	114	250	
Rock Gray soft	250	270	
Gravel Lt Cemented	270	302	155
Gravel + Boulders	302	303	

Date started 5/23/91 Completed 8/2/91

(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 1328
 Signed Michael W. [Signature] Date 8/24/91