

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

MULTI
4228
RECEIVED
JUN 27 1994

(START CARD) #

3N/2W/2566
63919

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name Michael Vern Smith Well Number WATER
Address 20300 N.W. Watson Road SA. EM. COUNTY Multnomah
City Scappoose State OR Zip 97056

(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 approval ☐ Yes ☒ No Depth of Completed Well 460 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10	0	150	Cement 4	0	150	35	
6	150	460	Bentonite				

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	+1	150	250	☒	☐	☒	☐
Liner:	4	5	460		☐	☒	☐	☐

Final location of shoe(s) 150

(7) PERFORATIONS/SCREENS:

		Method		Type		Material	
		Screens		Slot size		Tele/pipe size	
From	To	Number	Diameter	Casing	Liner		
420	440	90	3/8	☐	☒		

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

		Flowing	
		Artesian	
Yield gal/min	Drawdown	Drill stem at	Time
40		440	1 hr.

Temperature of water 49 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 Multnomah Longitude _____
Township 3N N or S Range 2W E or W. WM. _____
Section 25 NW 1/4 NW 1/4 _____
Tax Lot 2 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:

220 ft. below land surface. Date 6-21-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 316

From	To	Estimated Flow Rate	SWL
316	327	2	220
355	361	14	220
396	418	16	220
427	436	8	220

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
BRN CLAY	1	26	
BLUE CLAY	26	38	
BRN CLAY	38	134	
GREY CLAY	134	142	
BLK ROCK	142	158	
GREY ROCK	158	216	
SEAMY GREY ROCK	216	227	
BRN POROUS ROCK	227	238	
DARK GREY ROCK	238	316	
SEAMY GREY ROCK	316	327	220
GREY ROCK	327	355	
BLACK POROUS ROCK	355	361	220
GREY ROCK	361	396	
BLACK ROCK	396	418	220
GREY ROCK	418	427	
BLACK ROCK	427	436	220
GREY ROCK	436	460	

Date started 6-16-94 Completed 6-21-94

(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 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 _____

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 715
Signed Dan Fearns Date 6-23-94