

MULTIPLE RECEIVED  
 NOV 12 1996

WELL TAG# L1078Z

Start Card # 095603

WATER RESOURCES DEPARTMENT

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

**(1) OWNER/PROJECT:** WELL NO. BCMNW #3  
 Name JESSEL TRACTOR  
 Address 1409 COLUMBIA BLVD  
 City PORTLAND State ORE Zip 97220

**(6) LOCATION OF WELL** By legal description  
 Well Location: County MULTNOMAH  
 Township 1 (N or S) Range 1 (E or W) Section 14  
 1. SW 1/4 of SE 1/4 of above section.  
 2. Either Street address of well location SAME

**(2) TYPE OF WORK:**  
 New construction     Alteration (Repair/Recondition)  
 Conversion     Deepening     Abandonment

or Tax lot number of well location TL 86, Sec 11, 1N, 1E  
**3. ATTACH MAP WITH LOCATION IDENTIFIED.** Map shall include approximate scale and north arrow.

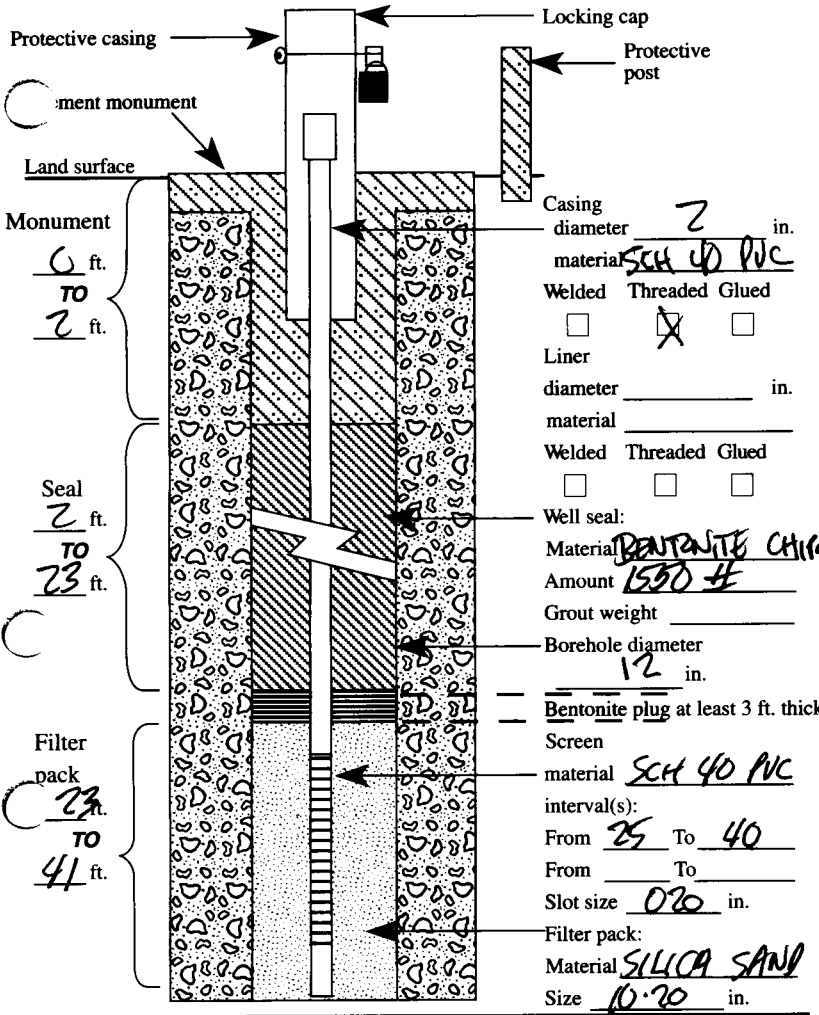
**(3) DRILLING METHOD**  
 Rotary Air     Rotary Mud     Cable  
 Hollow Stem Auger     Other \_\_\_\_\_

**(7) STATIC WATER LEVEL:**  
28 Ft. below land surface. Date OCT 7, 1996  
 Artesian Pressure \_\_\_\_\_ lb/sq. in. Date \_\_\_\_\_

**(4) BORE HOLE CONSTRUCTION**  
 Special Standards  Yes  No  
 Depth of completed well 40 ft.

**(8) WATER BEARING ZONES:**  
 Depth at which water was first found 28

From	To	Est. Flow Rate	SWL



**(9) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
<u>CRUSHED ROCK</u>	<u>0</u>	<u>1</u>	
<u>FINE TO MED SAND</u>	<u>1</u>		
<u>COARSE SAND, GRAVELS</u>	<u>22</u>	<u>41</u>	

Date started OCT 7 Completed OCT 7 1996

**(5) WELL TEST:**  
 Pump     Bailer     Air     Flowing Artesian  
 Permeability \_\_\_\_\_ Yield \_\_\_\_\_ GPM  
 Conductivity \_\_\_\_\_ PH \_\_\_\_\_  
 Temperature of water 50 °C Depth artesian flow found \_\_\_\_\_ ft.  
 Was water analysis done?  Yes  No  
 By whom? \_\_\_\_\_  
 Depth of strata to be analyzed. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Remarks: \_\_\_\_\_

(unbonded) Monitor 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 the best knowledge and belief.  
 MWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Monitor 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.  
 MWC Number 10067  
 Signed John Snell Date OCT 10, 1996  
 SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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WATER RESOURCES DEPT  
SALEM, OREGON



**State Pipe  
& Supply Co.**

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