

RECEIVED

WELL I.D.# L04874

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

mult
53796

JUN 26 1997

(START CARD) # 956754

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

(1) OWNER:

Name Terand mobile Tenace
Address 2648 NE 201st
City Troutdale State OR Zip 97060

Well Number Pm410R

(9) LOCATION OF WELL by legal description:

County Multnomah Longitude _____
Township 1N N or S Range 3E E or W. WM.
Section 29 NE 1/4 SE 1/4
Tax Lot 300/400 Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as mailing

(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 308 ft.

Explosives used Yes No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
16	0	141				
12	141	308	Cement bent	4	225	200 SACKS
				0	4	4 bags

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 308 ft. to 235 ft. Size of gravel 8-12

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8		308	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) 308

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type VRAP Material SS.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
206.5	216.6	.40		8		<input type="checkbox"/>	<input type="checkbox"/>
245	235	.40		8		<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
150		155	1 hr.

Temperature of water 56 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: _____

(10) STATIC WATER LEVEL:

60 ft. below land surface. Date 6/16/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	193	125 GPM	60

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Sand silt brown	1	18	
Sandstone black	18	57	
Gravels & Silty Sand	57	130	
Silt gray	130	136	
Silt clay green	136	160	
Sandstone black brn	160	173	WB
Gravels fine-med black	173	193	WB
Gravels cemented	193	235	
Sand fine med gravels	235	243	WB
Gravels cemented	243	273	
Gravels ss. Sand med	273	288	WB
Sand fine brn	288	299	WB
Gravels large brn	299	308	WB

NOV - 3 1998

WATER RESOURCES DEPT
SALEM, OREGON

Date started 5/30/97 Completed 6/16/97

(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.

Signed Jelly 1794 WWC Number 1672
Date 6-23-97

(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.

Signed Dyn B... WWC Number 1358
Date 6-24-97