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DEC 16 1999
WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L
START CARD # 126408

(1) OWNER: Well Number #3
Name Bechtel Corp Good Fellow Corp
Address 8401 NE International Park Way
City Portland State Or. Zip 97218

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:
[ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
[X] Other Bucket

(4) PROPOSED USE:
[ ] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [X] Other Dewater

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [ ] No Depth of Completed Well 25 ft.
Explosives used [ ] Yes [ ] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
30	0	25	N/A	—	—	

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[ ] Other ____
Backfill placed from ____ ft. to ____ ft. Material ____
Gravel placed from 0 ft. to 25 ft. Size of gravel 1/4 Pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10	+1	25		[ ]	[X]	[ ]	[ ]
Liner:								

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:
[X] Perforations Method Slotted
[ ] Screens Type ____ Material Plastic

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25	6	30				[X]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
	N/A		1 hr.

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 1N N or S Range 2E E or W. WM.
Section 8 NE 1/4 NE 1/4
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) S of Airport Way
3/8 Mile E of Air Terminal

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 12-1-99
Artesian pressure ____ lb. per square inch. Date ____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Brown Sand	0	12	
Gray Clay Hard	12	25	

Date started 12-2-99 Completed 12-2-99

(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 Gerald Cows 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 660
Signed M. McMullen Date 12-2-99

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