

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

WELL ID. # L 72743  
 START CARD # 170322

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

**(1) LAND OWNER** Well Number \_\_\_\_\_  
 Name: CHRIS EGGER  
 Address: 19430 N.W. REEDER RD.  
 City: PORTLAND State: OR Zip: 97231

**(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 235 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

MOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12 1/4	0	235	Cem/GeI	0	195	65 sacks

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from 195 ft. to 235 ft. Size of gravel 1C Sand

**(6) CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Material		
					Steel	Plastic	Welded
Casing:	8	+1	210	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	230	235	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type Wound Wire Material Stainless

From	To	Slot size	Number	Diameter	Telepipe size	Casing	Liner
210	230	.020		8	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gpm/min	Bailer	Air	Flowing
Drawdown	Drill stem at	Time	Artesian
70		40	1 hr.
90		50	//
120		60	//

Temperature of water 56°F 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 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 2N N or S Range 1W E or W WM \_\_\_\_\_  
 Section 2 SW 1/4 NW 1/4 \_\_\_\_\_  
 Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
N.W. Gillihan Rd

**(10) STATIC WATER LEVEL:**  
17.5 ft. below land surface. Date 9-23-04  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 210

From	To	Estimated Flow Rate	SWL
210	230	120 GPM	17.5

**(12) WELL LOG:**  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Brn silty cly w/wood	1	31	
Gry silty cly w/wood	31	79	
Fine gry muddy sand	79	196	
Med gravel w/sand	196	215	17.5
Coarse gravel	215	224	17.5
Med gravel	224	235	17.5

**RECEIVED**

**SEP 28 2004**

WATER RESOURCES DEPT  
 SALEM, OREGON

Date started 9-14-04 Completed 9-23-04

**(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 1266  
 Signed [Signature] Date 09/24/04