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STATE OF OREGON
WATER SUPPLY WELL REPORT

JUN - 9 1997

WELL I.D.# L 14601

WATER RESOURCES DEPT
SALEM, OREGON

(START CARD) # 91426

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WATER RESOURCES DEPT.
Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number _____
Name H.T. REA & DENNIS C. REA
Address 84896 HOOD ROAD
City MILTON FRESHWATER State OR Zip 97862

(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 1300' ft.
Explosives used Yes No Type _____ Amount _____

From	To	Material	From	To	Sacks or pounds	
12 1/2'	0	267	Concrete	0	265	243 SACKS
15'	267	1127				
12 1/4'	1127	1300				

How was seal placed? _____
Backfill placed from AVA ft. to _____ ft. Material _____
Gravel placed from AVA ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0	265		<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"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Telephone size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
Temperature of water 76° 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 5 N or S Range 36 E or W. WM.
Section 5 NW 1/4 NE 1/4
Tax Lot 01100 Lot 01300 Block 07800 Subdivision _____
Street Address of Well (or nearest address) 84224 SPOFFORD ROAD
MILTON FRESHWATER OR 97862

(10) STATIC WATER LEVEL:
380 ft. below land surface. Date 5/22/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 380'

From	To	Estimated Flow Rate	SWL
1160'	1300'	2700 GPM	

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(12) WELL LOG: WATER RESOURCES
Ground Elevation _____ SALEM, OREGON

Material	From	To	SWL
SAND	0	14	
BROKEN BASALT / BROWN CLAY	14	81	
BROWN CLAY	81	109	
HARD GRAY BASALT	109	225	
BLUE CLAY	225	240	
BLACK BASALT	240	250	
GRAY BASALT	250	535	380
BROKEN GRAY BASALT	535	590	
BROKEN BROWN BASALT	590	618	
GRAY BASALT	618	662	
BLACK / RED BASALT	662	684	
GRAY BASALT	684	729	
BROKEN BLACK BASALT(POROUS)	729	760	
BLACK BASALT	760	840	
GRAY / BROWN BASALT	840	890	
GRAY BASALT	890	938	
POROUS BLACK BASALT	938	982	
GRAY BASALT	982	1016	
BLACK BASALT(POROUS, BROKEN)	1016	1058	
BLACK BASALT	1058	1069	

Date started 5/7/97 Completed 5/22/97
(unbonded) Water Well Constructor Certification: ***CONT. PAGE 2
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 1698
Signed [Signature] Date 6/5/97

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WELL ID # L 14601



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Drilling Corp., Inc.

WATER RESOURCES DEPT.
SALEM, OREGON

2018 South 8th Street ~ Indiana, PA 15701
(412) 465-9130 office ~ (412) 465-9135 fax

WELL LOG CONTINUED FOR: H.T. REA & DENNIS C. REA
84896 HOOD ROAD
MILTON FREENWATER OH 97862.

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WATER RESOURCES DEPT.
SALEM, OREGON

MATERIAL

FROM

TO

BLACK / RED POROUS BASALT
GRAY BASALT
BLACK BASALT POROUS
BROKEN BLACK / RED BASALT
GRAY / BROWN BASALT
BLACK BASALT

1082
1137
1160
1172
1263
1300

