

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.165)

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

WELL I.D. # L 18896
START CARD # 118916

(1) OWNER: Well Number _____
Name TO WILLIAMS & ASSOC. INC
Address 49654 21st Deepening Rd
City Matthews State OR Zip 97262

(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 660 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL					
Diameter	From	To	Material	From	To
16	0	316			
12	316	550			
10	550	660			

How was seal placed: Method A B C D E

Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+2	316	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 8	500	610	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:							
<input checked="" type="checkbox"/> Perforations	Method	PLASMA					
<input type="checkbox"/> Screens	Type						
From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing
500	610	1"X12"	80	8	8 3/8 OD		<input checked="" type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Flowing Time
1000 +		490'	1 hr.

Temperature of water 65 °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 Clackamas Latitude _____ Longitude _____
Township 6 N N or S Range 34 E E or W. WM.
Section 27 SE 1/4 SE 1/4
Tax Lot 2702 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

60' ft. below land surface. Date 9-10-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
345	490	1000 +	60'

(12) WELL LOG:

Material	From	To	SWL
clay	0	10	
concreted gravel	10	120	
brown clay	120	144	
concreted gravel	144	300	
black + brown gravel	300	345	
broken black basalt	345	490	
broken black basalt	490	510	
black basalt	510	540	
broken black basalt	540	560	
black basalt	560	595	
black basalt a/b/c/d/s/t	595	610	
black basalt	610	660	

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DEC 06 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11-8-99 Completed 9-15-99
(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 1735
Signed CHAD COURTNEY Date 9-15-99

(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 1735
Signed Jerry Burd Date 9-15-99

