

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

STATE ENGINEER, SALEM, OREGON, within 30 days from the date of well completion.

RECEIVED WASH 012170 **RECEIVED**
 AUG 1 1966 WATER WELL REPORT SEP 1 1966
 STATE ENGINEER OF OREGON STATE ENGINEER
 SALEM, OREGON SALEM, OREGON

2/1w-34

(1) OWNER:

Name SUMMERS, Bradley B.
 Address RT. 2 Box 148 Sherwood, Ore.

(2) LOCATION OF WELL:

County Washington Driller's well number 1966-26
 1/4 Section 34 T. 44S R. 23E W.M. 1W
 Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
 Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal Irrigation Test Well Other
 Rotary Driven Cable Jetted Dug Bored

(5) TYPE OF WELL:

(6) CASING INSTALLED: Threaded Welded
 6" Diam. from 0 ft. to 80 ft. Gage .25
 " Diam. from ft. to ft. Gage
 " Diam. from ft. to ft. Gage

(7) PERFORATIONS:

Perforated? Yes No

Type of perforator used

Size of perforations in. by in.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.

(8) SCREENS:

Well screen installed? Yes No

Manufacturer's Name
 Model No.
 Slot size Set from ft. to ft.
 Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:

Well seal—Material used in seal Cement
 Depth of seal 80 ft. Was a packer used? No
 Diameter of well bore to bottom of seal 9 in.
 Were any loose strata cemented off? Yes No Depth
 Was a drive shoe used? Yes No
 Was well gravel packed? Yes No Size of gravel:
 Gravel placed from ft. to ft.
 Did any strata contain unusable water? Yes No
 Type of water? depth of strata
 Method of sealing strata off

(10) WATER LEVELS:

Static level 68 ft. below land surface Date aug 4
 Artesian pressure lbs. per square inch Date

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? 222
 Yield: gal./min. with ft. drawdown after hrs.
 " 75 gpm at 380' " " "
 " 75 gpm at 320' " " "
 Bailor test gal./min. with ft. drawdown after hrs.
 Artesian flow 200 gpm Date 1
 Temperature of water Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 6"

Depth drilled 380 ft. Depth of completed well 380 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Top soil	0	1
Boulders + red clay	1	42
Decomposed basalt	42	75
Columbia River Basalt	75	180
Hard "	180	310
Soft "	310	330
Hard "	330	360
Soft Brown Col. "	360	380

Work started July 28 19 66 Completed Aug 4 19 66
 Date well drilling machine moved off of well Aug 15 19 66

(13) PUMP:

Manufacturer's Name Fairbanks Morse
 Type: Submersible H.P. 5

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME SKYLES DRILLING & SUPPLY
 (Person, firm or corporation) (Type or print)

Address GLADSTONE, OREGON

Drilling Machine Operator's License No. 222

[Signed] George H. Skyles
 (Water Well Contractor)

Contractor's License No. 58 Date Aug 9 19 66

L-54912

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

WASH 12170

L-54912

WELL IDENTIFICATION APPLICATION FORM RECEIVED

NOV - 7 2001

WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: Bradley B. Summers

Mailing Address: 10800 SW Tongue Rd.

City: Sherwood State: OR Zip: 97140 Phone: (503) 692-0797

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION:

Latitude _____ Longitude _____

County: Washington Owner's Well Number (1st or 2nd, etc) _____

Township: 2 N or (S) Range: 1 E or (W) Section 34 1/4 _____ 1/4

Tax Lot Number: _____ Type of Well: water supply _____ monitoring _____

Address of Well (if different from above): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

WELL INFORMATION: (do not complete remainder of application if well log is attached)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Land Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Please Return Completed Form to: Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97301-4172

Sent 11-5-01