

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

WASH
 50880

AUG 12 1996
 JUL 10 1996
 WATER RESOURCES DEPT.
 SALEM OREGON

75618
 2511 2512 2513
 (START CARD) # L 01466
 ILS-GEN

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

(1) OWNER: Well Number _____
 Name Eugene Brooks
 Address 15711 S.E. Mill Plain
 City Vancouver State Wa. Zip 98684

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	18	Bentonite	0	18	15 Sacks
6	15	125				

How was seal placed: Method A B C D E
 Other Placed in dry + Tamped
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	1	123	250	<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:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10 GPM	1'		1 hr.

Temperature of water 54° 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 Wash. Latitude _____ Longitude _____
 Township 3 N. N or S Range 3 W E or W. WM.
 Section 28 SE 1/4 NW 1/4
 Tax Lot 3900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Dairy Cr. Rd.

(10) STATIC WATER LEVEL:
106 ft. below land surface. Date 7-5-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 123

From	To	Estimated Flow Rate	SWL
123	125	10 GPM	106

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Clay Brown	1	4	
" Red	4	22	
Sandstone fractured Brn.	22	24	
" Brown	24	55	
Sandstone fractured Brn.	55	58	
" Brown	58	66	
Sandstone fractured	66		
Brown + Boulders 2" - 8"		123	
Gravel + Boulders 1" - 8"	123	125	106

Date started 6-26-96 Completed 7-5-96

(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 563
 Signed Best DeLaernich Date 7-8-96