WASH 51495	WELL 1.0.#	L10538
	(START CARD) #_	39018

STATE OF OREGON	DEC.			
WATER SUPPLY WELL REPORT (as required by ORS 537.765)				Pì.
Instructions for completing this report a	re on the habe	Pidi	REGON	,

(1) OWNER: Well Number	(9) LOCATION OF WELL by legal description:
Name Keserve Vinctords (NO)+ Club Address 4805 St.) 22919 Ave	County Nor S Range Computed E or W. WM.
City Aldress State OR Zip 97007	Section 15 S(1) 1/4 NG 1/4
(2) TYPE OF WORK	Tax Lot OO Lot Block Subdivision
New Well Deepening Alteration (repair/recondition) Abandonment	Street Address of Well (or nearest address)
(3) DRILL METHOD:	
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATER LEVEL:
Other	ft. below land surface. Date
(4) PROPOSED USE:	Artesian pressurelb. per square inch. Date
Domestic Community Industrial Irrigation	(11) WATER BEARING ZONES:
Thermal Injection Livestock Other	D. J. J. J. J. 75
(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 705 ft.	Depth at which water was first found <u>625</u>
Explosives used Yes You Type Amount	From To Estimated Flow Rate SWL
HOLE SEAL	1025 650 80 7a
Diameter From To Material From To Sacks or pounds	705 705 150+ 72
12/4 0 1615 Cement 0 150 73 SOCKS	
995105 15 Sacks	
8 45 705	
	(12) WELL LOG:
How was seal placed: Method B B C D E	Ground Elevation
Backfill placed from 95 ft. to 50 ft. Material Bon Sum	Material From To SWL
Backfill placed from ft. to ft. Material Material Gravel placed from ft. to ft. Size of gravel	Redish lanclay 0 20
(6) CASING/LINER:	Situ Sandaw by 20 /30
Diameter From To Gauge Steel Plastic Welded Threaded	May anwish on soft 130
Casing: 8 + 65 320	8 10 kg 350
	oreen clay 550 260
	Silty clay hypamolivean 260 280
	Situator Farayo Sao
Liner: 605 70\$ 250 🗷 🗆 🗷	MSOLE SOFT 510
Final location of shoe(s)	INHOR MEANT WINDS
(7) PERFORATIONS/SCREENŞ:	Store Seams (00)
Perforations Method FACTORY	Med to had hir basa Lt 600 626
Screens Type Sohnson V Material Stamless	Basalt by blir fac Dunis 120/249
Slot Telespipe Steel	matchia orgatt 1649
	nofrac 1664
695 705 30 6" 6" A	Basalt soft medslight 664
LC5 C85 8K3 6"	200 1 h d 51 day 1 62 (83)
	Bosalt med-had Slight 1883
	Trace blacks black
(8) WELLTESTS: Minimum testing time is 1 hour	Date started 10,30,96 Completed 1-2,7-96
	(unbonded) Water Well Constructor Certification:
Flowing Pump Bailer Air Antesian	I certify that the work I performed on the construction, alteration, or abandonment
Yield gal/min Drawdown Drill stem at Time	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
/50 704 1 hr.	and belief.
	WWC Number
	Signed Date 12-4-9
Temperature of water 62 Depth Artesian Flow Found	(bonded) Water Well Constructor Certification:
Was a water analysis done? Yes By whom AGRA	I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work
Did any strata contain water not suitable for intended use? Too little	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.
Salty Muddy Odor Colored Other Depth of strata:	www. Number
Depui of Strata.	Signed Date 12-4-4
ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SE	
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