

Wash
52332

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JUL - 8 1997

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

L12946

WATER RESOURCES DEPT. (START CARD) # 099622
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name MALNERICH CONSTRUCTION
Address 2575 NE KATHYRN ST.
City HILLSBORO State OR. Zip 97124

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	62	Cement	0	62	31 sacks
8	62	77	Cement	62	77	
6	77	170				

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 _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+3	77	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	65	170	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
154	165	1/2x12	22			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill step at	Time
45		160	1 hr.
20		SURFACE	

Temperature of water 49° F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMT
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 WASHINGTON Latitude _____ Longitude _____
Township 1N N or S Range 4W E or W. WM.
Section 21 NW 1/4 SW 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) RODERICH RD.

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 10 lb. per square inch. Date 07/02/97

(11) WATER BEARING ZONES:
Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	165	45 GPM	FLOWING

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sticky brown clay	0	8	Flowing
Soft brown clay	8	16	
Sticky gray clay	16	52	
Firm to Med. fine gravel	52	56	
Firm gray claystone	56	70	
Firm gray-black sandstone	70	170	

Date started 06/28/97 Completed 07/02/97

(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.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the time reported on this report. The 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.
Signed [Signature] WWC Number 1266 Date 07/03/97