

Wash
53717

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L23443
START CARD # 110681

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

(1) OWNER: Well Number _____
Name Michael R. Jamieson
Address 30180 N.W. Fern Flat Rd.
City Cornelius State OR Zip 97113

(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 608 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Backfill pounds
Diameter	From	To	Material	From	To	
10	0	154	Concrete	144	154	3
			Bentonite Slurry	0	20	6
			Bentonite	0	20	15
6	154	608				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other Touted
Backfill placed from 20 ft. to 144 ft. Material Bentonite Slurry
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	12	154	120	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 154

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
3		590	1 hr.

Temperature of water 54 Depth Artesian Flow Found _____
Was a water analysis done? ☒ Yes By whom WFR Lab
Did any strata contain water not suitable for intended use? ☐ Too little
☒ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: 528-529

(9) LOCATION OF WELL by legal description:
County Washington Latitude _____ Longitude _____
Township 3 ☒ N or S Range 4 E or W ☒ WM.
Section 30 NE 1/4 SE 1/4
Tax Lot 5600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 50500 N.W. Scofield Rd.
Buxton, OR 97109

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 6-24-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 528

From	To	Estimated Flow Rate	SWL
528	529	3	19

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown loam	0	9	
Brown silt	9	13	
Brown clay	13	37	
Red clay	37	52	
Red silt	52	58	
Red clay	58	77	
Gray clay stone	77	90	
Gray plastic clay	90	149	
Gray clay stone	149	172	
Gray sandstone & layers of shale	172	528	19
Same but fractured	528	529	
Gray sand stone & o.c.c.	529	609	
layers of shale			

Date started 6-20-98 Completed 6-24-98
(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 1679
Signed Michael R. Jamieson Date 7-5-98