

OCT 12 1999

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

WASH 55358

WELL I.D. # L 30283
START CARD # 118664

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

(1) OWNER: Well Number 2
Name Gales Creek Camp
Address 59425 NW Cedar Brook Ln.
City Forest Grove State Oregon Zip 97116

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10	0	41	Bentonite	0	41	76
6	41	405	-	-	-	-

How was seal placed: Method A B C D E
 Other Placed in dry + prodded
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 1/2	75 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	65	405	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 75 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method Drilled
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tile/pipe size	Casing	Liner
345	405	-	240	1/2	4 1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
6	358	380	1 hr.

Temperature of water 55 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 Washington Latitude _____ Longitude _____
Township 2N N or S Range 5W E or W. WM. _____
Section 22 NW 1/4 NW 1/4 _____
Tax Lot Exempt Lot Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
42 ft. below land surface. Date 9-2-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 16

From	To	Estimated Flow Rate	SWL
16	17	42	
22	25	T	
289	305	4	43

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown Clay	1	10	
Brown Clay w/ lg. Gravel	10	36	
Gray Claystone w/ sm. Gravel embedded	36	405	42

Date started 8-30-99 Completed 9-2-99

(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 _____ Date _____ WWC Number _____

(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.

Signed J. M. C. Grey WWC Number 1221 Date 9-2-99