

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

RECEIVED

MAY - 9 1995

1w/3w/11kd

(START CARD) # 76662

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

(1) OWNER:

Name Townsend Farms
Address 23303 NE Sandy
City Troutdale State OR Zip 97060

Well Number 252

(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 1160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	738	cement	0	738	640
10	738	1050				
8	1050	1160				

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: 10	+2	738	316	<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"/>

Final location of shoe(s) _____

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Flowing Time
2000	1090	1160	1 hr.

Temperature of water 68 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: _____

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Wash Latitude _____ Longitude _____
Township 1/N N or S Range 3/W E or W. WM. _____
Section 11 SE 1/4 NW 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Milne Rd.

(10) STATIC WATER LEVEL:

70 ft. below land surface. Date 4/13/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 1050

From	To	Estimated Flow Rate	SWL
1050	1160	2000	70

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
clay brown	0	20	
clay gray with wood	20	340	
clay blue/green	340	430	
clay brown with wood	430	610	
clay brown some sand	610	705	
sandstone brown	705	720	
rock brown	720	730	
rock gray	730	1050	
rock gray broken	1050	1065	70
rock gray	1065	1160	

Date started 3/13/95 Completed 4/13/95

(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 Leonard Blair WWC Number 1622
Date 5/8/95

(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 Rocky C. Gut WWC Number 663
Date 5/8/95