WASH 63809

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

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

WELL I.D. # L 53635
START CARD # 168050

(1) LANDOWNER Well Number _____
Name Bill Knutson
Address 4475 S.W. Scholls Ferry Rd.
City Portland State Or. Zip 97225

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

HOLE Diameter	From	To	SEAL Material	From	To	~~Sacks or~~ pounds
10	0	36	BENTONITE	0	36	1050 LBS
6	36	220				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 3/8 BENTONITE POURED DRY & HYDRATED
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"	+1-6"	37	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	3'	220		☐	☒	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) 37

(7) PERFORATIONS/SCREENS:
☒ Perforations Method CIRCULAR SAW
☐ Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
210	220	1/8X5	88			☐	☒
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
3		200	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 Wash. Latitude _____ Longitude _____
Township 3 N. N or S Range 4 W. E or W. WM.
Section 36 S.E. 1/4 S.E. 1/4
Tax Lot 3200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3977 NW. Murtaugh Rd. N. Plains, Or. 97133

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 4-14-06
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	28	1	11
100	140	3	21

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
CLAY SILTY BROWN	0	5	
CLAY SILTY LIGHT BROWN	5	16	
CLAY BLUE -W- PINE TO	16		
COURSE SAND & WOOD		28	
CLAYSTONE LIGHT BLUE	28	220	21

RECEIVED
OCT 24 2006
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
APR 20 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date started 4-12-06 Completed 4-15-06

(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 563
Signed Bert Dorlamirch Date 4-17-06

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER