

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

CLAC 03869

RECEIVED
 AUG 22 1988

25/1E/35 aa
 (START CARD) # 6219

(1) OWNER: Well Number: 1025
 Name JAMES HOLT
 Address 14255 SW BRIGADONN CT
 City Beaverton State OR Zip 97005

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 530 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	80	Cement	0	80	22
6"	80	540				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6"	12	80	.250	<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
3.5		530	4HR

Temperature of water _____ 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 Clackamas Latitude _____ Longitude _____
 Township 2 N of S Range 1 E of W, WM.
 Section 35 NE 1/4 NE 1/4
 Tax Lot 900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 23010 SW Salama Rd. WEST LINN

(10) STATIC WATER LEVEL:
335 ft. below land surface. Date 8/19/88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 395

From	To	Estimated Flow Rate	SWL
395	405	2	
495	498	1 1/2	335

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	43	
BROWN Sandstone	43	73	
HARD Basalt	73	395	
Decayed Basalt	395	405	
HARD Basalt	405	495	
Decayed Basalt	495	498	335
HARD Basalt	498	530	
GRAY SHALE	530	540	

Date started 8/17/88 Completed 8/19/88

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed David M. Paysinger WWC Number 1438
 Date 8/19/88

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Robert Shelburne WWC Number 417
 Date 8-19-88