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WATER RESOURCES DEPT.
SALEM, OREGON

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.# _____ (START CARD) # 84599

(1) OWNER: Well Number 2

Name Sam Lee

Address 17034 NW Corey Rd.

City Cornelius State Oregon Zip 97113

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 305 ft.

Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	20	Bentonite	0	20	10
6	20	192	—	—	—	—
8	192	197	Cement	192	197	3
6	197	305	—	—	—	—

How was seal placed: Method [ ] A [X] B [ ] C [ ] D [ ] E

[X] 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	197	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	4	4	305	160	[ ]	[X]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) 197

(7) PERFORATIONS/SCREENS:

[X] Perforations Method Drilled

[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tubing or pipe size	Casing	Liner
245	305	—	240	1/2	4	[ ]	[X]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
23	75	280	1 hr.

Temperature of water 53 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 3W E or W. WM.

Section 23 NE 1/4 SW 1/4

Tax Lot 1000 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

205 ft. below land surface. Date 5-1-96

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 11

From	To	Estimated Flow Rate	SWL
11	12	T	
185	186	T	
289	305	23	205

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Brown Clay	1	9	
Red Clay	9	29	
Brown Clay	29	185	
Brown Clay w/Med. Gravel	185	192	
Gray Claystone w/Rock Embedded	192	305	205

Date started 4-29-96 Completed 5-1-96

(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 1221

Signed Jamie C Ellis Date 5-7-96

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER