

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Clac
51737

201961

(START CARD) # 85500

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

(1) OWNER: Well Number 97-460
Name Scott & Terry Whipple
Address 11900 S.W. Riverview Ln.
City Wilsonville State OR Zip 97070

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	20	BENT	0	20	10 SKS
6	20	200				

How was seal placed: Method A B C D E
 Other Formed Prebed, 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"	+2	195	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) 195.5

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
30+	62		<input type="checkbox"/>	1 hr.

Temperature of water 52° 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 35 N or S Range 1W E or W. WM.
Section 22 SE 1/4 SW 1/4
Tax Lot 1402 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11900 Riverview Ln, Wilsonville

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 5/15/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 195

From	To	Estimated Flow Rate	SWL
195	200	30+	14

RECEIVED
MAY 27 1997

(12) WATER RESOURCES DEPT. 90
SALMON OREGON

Material	From	To	SWL
Brw Silty loam soil	0	14	
Clay Gray	14	20	
Clay Gray	20	39	
Clay Brw	39	141	
Clay Dyk Brw	141	172	
Clay Gray	172	179	
Clay Gray/Brw	179	191	
Clay Brw w Decomp	191	193	
Rock	193	200	14

Date started 5/12/97 Completed 5/15/97
(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 _____ WWC Number _____ 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.
Signed Tom Bryant WWC Number 703 Date 5/13/97