

CLAC
20566

RECEIVED

OCT - 5 1995

05510251060 AA

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

(START CARD) # 75912

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

(1) OWNER: Well Number _____

Name John Squirev.
Address 30249 S. Meridian Rd.
City Hubbard State Ore. Zip 97032

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18	Bentonite	0	18	11 SACKS.

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:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	6'	+1	120	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>		

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

Yield gal/min	Drawdown	Drill stem at	Time	Flowing	
				Pump	Artesian
25 GPM	15		2 hrs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Temperature of water 54 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 Clatsop Latitude _____ Longitude _____
Township 5 S. N or S Range 2 E E or W. WM.
Section 4 NE 1/4 NE 1/4
Block _____ Subdivision _____
Street Address of Well (or nearest address) 13000 S. BAERENDS RD. Malilla, Oregon 97038

(10) STATIC WATER LEVEL:

47 ft. below land surface. Date 9-15-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 110.

From	To	Estimated Flow Rate	SWL
110	120	25 GPM	47

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil Brown	0	4	
Clay - Brown - w. Gravel	4	57	
Clay - Brown - Silty	57	90	
Clay - Brown - Sandy	90	110	
Gravel - Brown	110	120	
W/B			47'

RECEIVED

FEB 08 2007

WATER RESOURCES DEPT
SALEM, OREGON

Date started 8-28-95 Completed 9-15-95

(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 _____ 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 [Signature] WWC Number 1593 Date 10/2-95

75960 tag lost

RECEIVED Official Use Only by The Oregon Water Resources Department:
 Received Date: JAN 12 2005
 County Well Log ID # CLAC 20566 Well Identification Tag # L-75960
 WATER RESOURCES DEPT. SALEM, OREGON

tag lost replaced with L-79685

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION (This well is well # 1 of 1 wells on the property)

79685

Current Landowner's Name: PLEASE PRINT Nadine Newman
 Mailing Address: 13000 South Barnards Rd.
 City: Malalla State: OR Zip: 97038 Phone #: _____
 Mail Well Tag to (if other than above address): 13000 South Barnards Rd.
Malalla OR 97038
 (Note: If this is a shared well please see instructions)

WELL LOCATION INFORMATION (May also be referred to by County Assessor as the "Map Number")

Township #: 05 North or South (circle one) Range #: 02 East or West (circle one), Section #: 06
 Tax Lot #: 303 1/4 1/4 (if known) County: Clackamas
 Street Address of Well: 13000 South Barnards Rd.
Malalla OR 97038

WELL INFORMATION (Do not complete if well report is attached. Information on locating well reports is enclosed)

Type of Well (i.e. domestic, irrigation, etc): _____ Date Well Constructed: _____
 Well Constructor/Company: _____
 Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____
 Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

RECEIVED

FEB 08 2007

WATER RESOURCES DEPT
SALEM, OREGON

Other Information: _____

Mail form to:
 Janet Halladay, Well Identification Program
 Oregon Water Resources Department
 725 Summer St. NE, Suite A
 Salem, OR 97301-1271 or fax to 503-986-0902.