

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

011312

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CLAC 4/5/3E/18 bcl
15928

DEC 1 2 1989

(START CARD) #

(1) OWNER:

Name Dan Borge
Address P.O. Box 133
City Ore. City State Ore. Zip 97045

Well Number:

WATER

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude _____ Longitude _____
Township 4 N. S. Range 3 E. W. WM.
Section 18 SE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Gard Rd and Norma

(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 Back up

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 340 ft.
Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	or pounds
10	0 54	Portland	0 54	19	
6	54 343				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	54	.252	☒	☐	☒	☐
Liner: 5	-2	342	188	☒	☐	☒	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Torch
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	340	3/16	200	5		☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35		340	1 hr.

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: _____

(10) STATIC WATER LEVEL:

110 ft. below land surface. Date 12-7-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
120	145	10	unable
298	322	25+	110

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Clay red	0	20	
Clay brown gray	20	42	
Rock	42	45	
Rock weathered	45	48	
Rock gray	48	65	
Sandstone	65	71	
Rock red	71	82	
Rock brown	82	107	
Rock gray	107	125	110
Rock brown	125	145	
Rock red	145	162	
Rock brown	162	180	
Rock gray	180	189	
Rock red	189	195	
Rock gray brown	195	221	
Clay brown	221	252	
Clay blue	252	275	
Sandy clay blue	275	298	
Chunky conglomerate	298	322	
Shale blue	322	343	

Date started 12-4-89 Completed 12-7-89

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1229

Signed Steve Patton Date 12-8-89