

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

WATER RESOURCES DEPT.  
SALEM, OREGON 97331 (START CARD) # 8306

48/42/15

(1) OWNER: Pat Omeaka Well Number: # 9  
Name Springwater Golf Course  
Address 25230 Swallens Rd  
City Estacada State Ore Zip 97023

(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 278 ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	21'	Bentonite	0	18	10
8"	21'	160'				
6"	160'	278'				

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite - Paused - Tamped  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 18 ft. to 160 ft. Size of gravel pea

Casing/Liner	Diameter	From	To	Gauge	Seal			
					Steel	Plastic	Welded	Threaded
Casing	6"	11 1/2'	166 1/2'	125	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	5"	138'	178'	160 #	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 166 1/2'

(7) PERFORATIONS/SCREENS:  
 Perforations Method SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
138'	278'	1/4"		5"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 40 @ Drawdown 235' Drill stem at \_\_\_\_\_ Time 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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Clack Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 4S N or S, Range 4E E or W, WM.  
Section 5 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax ID 2802 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 25230 Swallens Rd

(10) STATIC WATER LEVEL:  
79 ft. below land surface. Date 2-25-89  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
62	72	Cased off	
216	248	40	79'

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	1	
clay Brown-sandy	1	38	
Decomposed Rock	38	57	
clay Lt. Gray	57	62	
clay Brown & Gravel	62	102	
Lava Red	102	104	
Lava Black	104	156	
clay Lt. Gray	156	158	
clay Brown-sandy	158	163	
Rhoderdrom Rock	163	216	
clay Stone Dark Green	216	248	79'
clay Gray-sandy	248	263	
clay Stone Dark Green	263	265	
clay Brown + Black sand	265	270	
clay gray sandy	270	278	

Date started 1-24-89 Completed 2-25-89

(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.  
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 well construction standards. This report is true to the best of my knowledge and belief.  
Signed Wolfe WWC Number 207 Date 3-2-89