

JAN 30 1989

01161 CLAC

12/48/5
#308

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

WATER RESOURCES DEPT.
SALEM, OREGON

6-13379 (START CARD) #

(1) OWNER: Pat Omena Well Number: #1
Name Springwater Golf Course
Address 25230 S Wallens 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 260 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>8"</u>	<u>140</u>	<u>160</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>6"</u>	<u>140</u>	<u>260</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>6"</u>	<u>140</u>	<u>260</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>180</u>	<u>260</u>	<u>1/8 x 7/8</u>	<u>84</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 32 Drawdown total Drill stem at _____ Time 4 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 Lot 00802 Block _____ Subdivision _____
Street Address of Well (or nearest address) 25230 SE Wallens Rd

(10) STATIC WATER LEVEL:
181 ft. below land surface. Date 1-24-89
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>235</u>	<u>254</u>	<u>32</u>	<u>181</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Steinman Bros Well #</u>	<u>27</u>	<u>70</u>	
<u>Clay - Red - sandy</u>	<u>190</u>	<u>210</u>	
<u>Clay - Blue</u>	<u>210</u>	<u>215</u>	
<u>Clay - Blue - sandy</u>	<u>215</u>	<u>235</u>	
<u>Clay stone - DARK GREEN</u>	<u>235</u>	<u>254</u>	<u>181</u>
<u>Clay - Lt Brown</u>	<u>254</u>	<u>260</u>	

Date started 1-12-89 Completed 1-20-89

(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 W.O. Gammage WWC Number 257
Date 1-24-89