

STATE OF OREGON
WATER WELL REPORT 011783
(as required by ORS 537.765)

NOV 03 1989
WATER RESOURCES DEPT.
SALEM, OREGON

CLAC

(START CARD) # 16676

4s/4E/18cc

(1) OWNER: Well Number: 21-89
Name JIM & JAN GRIMES
Address 26766 S. Look Road
City Colton State Ore Zip 97017

(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 85 ft.

Explosives used Yes No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Bentonite	0	25	700
6	25	85				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Belntonite

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6	+1	79	250	☒	☐	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) 79

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailor ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
32	19		1 hr.

Temperature of water 53 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 18 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 26766 S. Look Rd.
Colton, Oregon 97017

(10) STATIC WATER LEVEL:

48 ft. below land surface. Date 10-18-89

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 56 feet

From	To	Estimated Flow Rate	SWL
56 ft.	84 ft.	32	48

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Clay-orange	0	21	
Clay-brown	21	56	
Clay-granular-brown	56	84	48
Raock	84	85	

Date started 10-16-89 Completed 10-18-89

(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 STEINMAN BROS. DR. CO 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 ONE
Signed _____ Date 11-2-89