

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

STATE OF OREGON May 3 1973

(Please type or print)

(Do not write above this line)

State Well No.

State Permit No. 041321

Name Mary Simpson
Address Rt 3
Estacada

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

Rotary Cable ☐ Driven ☐
 Cable ☒ Jetted ☐
☐ Bored ☐
 Domestic ☒ Industrial ☐ Municipal ☐
 Irrigation ☐ Test Well ☐ Other ☐

....." Diam. from ft. to ft. Gage
 " Diam. from ft. to ft. Gage
 " Diam. from ft. to ft. Gage

Type of perforator used Cutting tool

Size of perforations 1/2 in. by 8 in.

15 perforations from 39 ft. to 42 ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

Manufacturer's Name

Type Model No.

Diam. Slot size Set from ft. to ft.

Diam. Slot size Set from ft. to ft.

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

id:	gal./min. with	ft. drawdown after	hrs
"	"	"	"
"	"	"	"
Bailer test	5 gal./min. with	16 ft. drawdown after	2 hrs
tesian flow	g.p.m.		

Temperature of water 51 Depth artesian flow encountered ft.

Well seal—Material used Cement Grout
Well sealed from land surface to 28 ft.
Diameter of well bore to bottom of seal 12 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 13 sacks
Number of sacks of bentonite used in well seal _____ sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons
of water _____ lbs./100 gals.
Was a drive shoe used? ☒ Yes ☐ No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? ☒ Yes ☐ No Size of gravel: 3/4 +
Gravel placed from 28 ft. to 48 ft.

County CLACKAMAS Driller's well number _____
NW 1/4 NE 1/4 Section 11 T. 4S R. 5E W.M. _____
 Bearing and distance from section or subdivision corner _____

Depth at which water was first found 38 ft.

Static level 27 ft. below land surface. Date 2/27

Artesian pressure — lbs. per square inch. Date —

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. *Report each change in position of Static Water Level and indicate principal water-bearing strata.*

[illegible]

Work started	2/10	1973	Completed	3/4	1973
Date well drilling machine moved off of well				3/4	1973

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Don. Foreman Date 9/10, 1973
(Drilling Machine Operator)
Drilling Machine Operator's License No. 231

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief,

Name F&S Well Drilling (Person, firm or corporation) (Type or print)
Address Rt 3 - Box 488 Estancia
[Signed] Don. Fournier (Water Well Contractor)
Contractor's License No. 477 Date 4/10, 1973

CURRENT WELL OWNER:

CLAC 11923

Phone

630-2898

Name: Richard and Mary AshleyMailing Address: 48644 S.E. Squaw Mtn Rd.City: Estacada State: Or. Zip: 97023

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

CLAC 11923

County: _____ Latitude: _____ Longitude: _____

Township: 4 ~~N~~ or S, Range: 5 E or ~~W~~ Section: 11 1/4 _____ 1/4

Tax Lot Number: _____

Street Address of Well (if different from above): _____

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): 27

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes: _____

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 28827

RECEIVED

OCT 09 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Sent to State 10/17/98