

112

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

CLAC
11953

JUL 30 1991

48/3E/20 bb

WATER RESOURCES DEPT. (START CARD) # 31579

(1) OWNER: Well Number: _____
Name Clarks School District
Address 19100 S. Windy City Rd.
City Molino State Ore Zip _____

(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 School

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 205 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From	To	Material	From	To
<u>10</u>	<u>0</u>	<u>115</u>	<u>Portland</u>	<u>0</u>	<u>115</u>
<u>6</u>	<u>115</u>	<u>205</u>			<u>53</u>

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 _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>6</u>	<u>+1</u>	<u>115</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4</u>	<u>105</u>	<u>205</u>	<u>160</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) 115

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>165</u>	<u>205</u>	<u>3/16</u>	<u>80</u>	<u>4</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 22 Drawdown _____ Drill stem at 200 Time 1 hr.

Temperature of water 55° CK 8/1/91 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 may be contaminated
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 4 N of S. Range 3 E of W. WM.
Section 20 NW 1/4 NW 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 19100 S. Windy City Rd.

(10) STATIC WATER LEVEL:
105 ft. below land surface. Date 7-24
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 70-175

From	To	Estimated Flow Rate	SWL
<u>175</u>	<u>205</u>	<u>22</u>	<u>105</u>
<u>70</u>	<u>95</u>	<u>33</u>	<u>29</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Top soil</u>	<u>0</u>	<u>2</u>	
<u>Clay red</u>	<u>2</u>	<u>18</u>	
<u>Clay tan</u>	<u>18</u>	<u>70</u>	
<u>Gritty sandstone</u>	<u>70</u>	<u>95</u>	<u>WB</u>
<u>Rock gray</u>	<u>95</u>	<u>170</u>	<u>105</u>
<u>Rock red</u>	<u>170</u>	<u>175</u>	
<u>Rock brown</u>	<u>175</u>	<u>205</u>	<u>WB</u>

Date started 7-22-91 Completed 7-24-91

(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 _____ Date _____ WWC Number _____

(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 [Signature] Date 7-25-91 WWC Number 1229