

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

Clac
12362

NOV 13 1991

35/E-28ab
W 31474

WATER RESOURCES DEPT.
 SALEM, OREGON

(START/GARD) #

(1) OWNER: _____ Well Number: _____
 Name *Gordon R Andrews*
 Address *97013 NW 3rd Box 254*
 City *Canby* State *Ore* Zip *97013*

(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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
8"	85	Drilled on	1930	
6" Liner of 26 Ft was Removed.				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Liner:	7" OD	85	205		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type *Stainless Steel Telescopic*

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
85	105	.070				<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
200 to 4 _____ *205* _____ *9 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 *Clackamas* Latitude _____ Longitude _____
 Township *8S* N or S, Range *1E* E or W, WM.
 Section *28* NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) *2700 N Locust Canby Ore*

(10) STATIC WATER LEVEL:
97 ft. below land surface. Date *10-11-91*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found *164*

From	To	Estimated Flow Rate	SWL
<i>164</i>	<i>205</i>	<i>200</i>	<i>97</i>

(12) WELL LOG: _____ Ground elevation _____

Material	From	To	SWL
Existing 8" well was drilled by Straussler in 1990. supposed depth 100 ft.			
Fine brown sand & Brown clay	100	155	
Blue clay	155	164	
Sand & Blue clay	164	205	
Dark clay	205	210	97
Placed screen & moved pipe back to 30 ft level developed with air			

RECEIVED

OCT 14 1991

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Date started *10-1-91* Completed *10-11-91*

(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.
 WWC Number _____
 Signed _____ 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 *449*
 Signed *John W Beck* Date *10-12-91*