

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

CLAC
12389

CLAC 12389

OCT 24 1991

(START CARD) # 33731

35/W-9bc

(1) OWNER: Well Number: 724
 Name Halvorson-Mason Corporation
 Address P.O. Box 1449
 City Portland State OR Zip 97207

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12 1/4"	0'	35'	Cement	0'	79'	18 Sacks
10"	35'	79'				
8"	79'	203'				

How was seal placed: Method A B C D E
 Other _____
 Rockfill 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
8"	+1'	79'	.025	<input checked="" type="checkbox"/>	<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"/>	<input 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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____
 Final location of sheets: 79'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input 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"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 90 GPM Drawdown _____ Drill stem at 203' Time 1 hr.

Temperature of water 52° 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 3-S Nor S. Range 1-W E or W. WM.
 Section 9 SW 1/4 NW 1/4
 Tax Lot 2900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Baker Rd. Sherwood, OR 97140

(10) STATIC WATER LEVEL:
75' ft. below land surface. Date 9/24/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 45'

From	To	Estimated Flow Rate	SWL
45'		5 GPM	n/a
60'	Cased off	15 GPM	n/a
80'		60 GPM	3'
163'		40 GPM	

(12) WELL LOG: 203' Ground elevation _____ 90 GPM 75'

Material	From	To	SWL
Top Soil	0	2	
Brown Clay	2	10	
Red/Brown Clay	10	30	
Hard Gray Basalt	30	45	
Hard Gray/Brown Basalt	45	65	
Hard Fractured Blk & Brwn. Basalt	65	75	3'
Hard Gray Basalt	75	85	
Hard Gray/Brown Basalt	85	105	
Hard Gray Basalt	105	115	
Hard Fractured Gray Basalt	115	178	
Hard Porous Black Basalt	178	190	
Hard Porous Gray/Brown Basalt	190	195	
Hard Gray Basalt	195	203	75'

Date started 9/19/91 Completed 9/24/91

(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.
 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 645
 Signed [Signature] Date 10/20/91

TO Tom Paul
WRD-3850 Portland Rd N.E.
Salem, Or. 97310

FROM

ARROW DRILLING
729 N. MAIN
NEWBERG, OREGON 97132
Phone: 503 - 538-4422

SUBJECT: Tom -

DATE: 9/24/91

FOLD ↑

Enclosed is the "last paperwork"
It arrived yesterday afternoon. Halvorson
put the wrong zip code on it (97123) but
by the postmark on the back, it appears
it went to Cave Junction !!! I guess the
p.o. workers finally read the address &
sent it on - Thanks for your help on this
Junie Delano

PLEASE REPLY TO → SIGNED

REPLY

DATE: SIGNED

FOR WATER RESOURCES DEPARTMENT USE ONLY		
Date Postmarked <u>9-24-91</u>	<u>#16</u>	W. <u>33732</u>
Date Hand-delivered _____		WRD Receipt <u>79183</u>
Watermaster Initials _____		Date Fee Received <u>9-26-91</u>

CHECK NO. _____

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
 (as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. ~~\$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well (make checks payable to the Water Resources Department).~~ Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address Halvorson-Mason Corporation
P.O. Box 1449
Portland, OR 97207

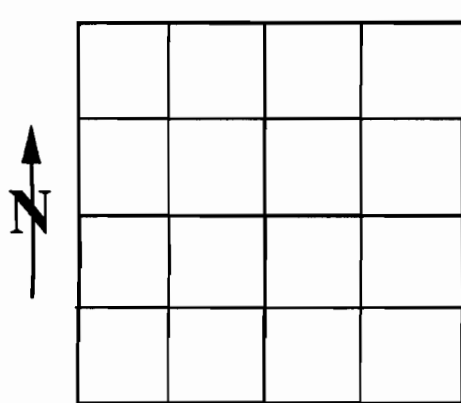
Check type of work: Fee Required New construction Conversion
 No Fee Required Repair Deepening Recondition Abandonment

Proposed Commencement Date Sept/Oct Existing or Proposed Well Depth 400' Diameter 8"

Check Use: Domestic Community Industrial Irrigation Monitoring
 Thermal Injection Other _____

Proposed Well Location: County Clackamas Owner's Well Id. No. 33732

Township 3-S (N or S) Range 1-W (E or W) Section 9



1. SW 1/4 of NW 1/4 of above section

2. Street address of Baker Road, Sherwood, OR well location

3. Tax lot number of well location 2900

4. Attach map with location identified.
 (See reverse of this form for approved maps)

5. Show well location within 1/4, 1/4 of section grid at left.

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

Kruth Halvorson
 Owner's signature

Douglas H. Delano
 Bonded Water Well Constructor

Sec 9-16-91

License No. 645

636-1168 636-0440
 Home phone 636-0440 Cell phone

Company Arrow Drilling

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM
 If no fee applies, discard this copy



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

JAN 13 2022

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Kristi Halvorson, Steven Keppler

Mailing Address: 25867 SW Baker Rd.

City, State, Zip: Sherwood, OR 97140

Mail Well ID to: SAME AS ABOVE In Care Of (C/O)

Name & Address: Jerry Branch 28690 SW 35th Dr.

City, State, Zip: Wilsonville, OR 97070

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 3 S (North / South) Range: 1 W (East / West) Section: 9 SW 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2900 County Clackamas

GPS Coordinates: _____

Street Address of Well, City: 25867 SW Baker Rd., Sherwood

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation

Date Well Constructed (or property built): 10/20/1991 Total Well Depth: 203 Casing Diameter: 8"

Owner at time the well was constructed (if known): Halvorson/Mason Corp Well Report # (if known): Clac. 12389

Other Information: _____

SUBMITTED BY (please print): Jerry Branch

PHONE: 503-682-3380 EMAIL &/or FAX: teletwig@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301. Or EMAIL the completed PDF form to: Ladeena.K.Ashley@oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-13-22

Well Report Number:

CLAC 12389

Well Identification #:

L-145446