

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

RECEIVED

CLAC  
 012428

43/E-2300

JAN 14 1988

(1) OWNER: Well Number: \_\_\_\_\_  
 Name Chuck Morgan  
 Address 28185 S. Elisha Rd.  
 City Canby State OR 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 235 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20	Bent. #8	0	20	20 sacks
8	20	235	-----	---	---	---

How was seal placed: Method  A  B  C  D  E  
 Other Backfilled from bottom up  
 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
Casing:	8	+1	234		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

location of shoe(s) 234

(7) PERFORATIONS/SCREENS:

Perforations Method air perf.  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
198	208		400	1/2x1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
215	225		400	1/2x1		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250		210	1 hr.

Temperature of water \_\_\_\_\_ 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 Nor S, Range 1E E or W, WM.  
 Section 23-26 SW 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) same as mailing

(10) STATIC WATER LEVEL:  
36 ft. below land surface. Date 1-12-88  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 37'

From	To	Estimated Flow Rate	SWL
177	180	25	
198	200	50	
200	206	100	
230	235	100	

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Soil	0	1	
Clay brown medium	1	22	
clay grey medium	22	34	
Clay grey sticky	34	37	
Cemented gravel	37	122	WB
Clay blue	122	128	
Clay & gravel blue	128	157	
Packed sand blue	157	160	WB
Clay grey sticky	160	168	
Claystone hard	168	177	
Cemented gravel	177	180	WB
Clay blue	180	180	
Shale grey	182	187	
Clay blue sticky	187	200	
Gravel & wood	200	206	WB
Clay grey	206	217	
Gravel	217	228	
Packed sand	228	230	
Gravel	230	235	

Date started 1-7-88 Completed 1-12-88

(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 Dennis B. Stead WWC Number 1358  
 Date 1-13-88

(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 Chris WWC Number 723  
 Date 1-13-88

RECEIVED  
NOV 1988

JAN - 8 1988

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

WATER RESOURCES DEPT.  
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Chuck Morgan  
28185 S. Elisha Rd.  
Canby, OR 97013

Proposed Commencement Date January 7, 1988

Proposed Well Depth 250' Diameter 8"

and Use:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

Proposed Well Location: County Clackamas

Township 4S (N or S) Range 1E (E or W) Section 23 & 26

At least 2 of these must be provided

1. SW 1/4 of SW 1/4 of above section
2. street address of 28185 S. Elisha Rd.  
well location Canby, OR 97013
3. tax lot number of well location \_\_\_\_\_
4. attach approved map with location identified.  
(see reverse of this form for approved maps)

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 and septic drain fields.

x Chuck Morgan  
Owner's Signature

x Chuck Morgan  
Bonded Water Well Constructor

Owner  
Title

License No. 723

1-2-88  
Date

Company Staco Well Services

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.