STATE OF OREGON

WATER WELL REPORT (as required by ORS 537.765)

MAR 29 1988

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	Perond-	
, , ,	1 1 1	

(1) OWNER:	Well-Number:	(9) LQCATION QF WELL by legal of	lescription:		
Name BOYD YODER		County CLACKAMLA Sude	Longitude		
Address 29099 S JACKSON RD		Township 45 Nor S, Range 15	E or W, WM.		
	OR Zip 97013	Section 27 Sw 1/4 50	<u>w</u> 4		
(2) TYPE OF WORK:	_	Tax Lot Block			
☐ New Well ☐ Deepen ☐ Recondition	Abandon	Street Address of Well (or nearest address)	и <u>Е</u>		
(3) DRILL METHOD					
Rotary Air Rotary Mud Cable		(10) STATIC WATER LEVEL:			
Other		ft. below land surface.	Date _ ZZ MAR 88		
(4) PROPOSED USE:		Artesian pressure lb. per square inch	. Date		
Domestic Community Industrial	Irrigation	(11) WATER BEARING ZONES:			
Thermal Injection Other					
BORE HOLE CONSTRUCTION	4	Depth at which water was first found			
Special Construction approval Yes No Depti	h of Completed Well 194 ft.	From To Est	imated Flow Rate SWL		
Explosives used Type Type	Amount				
HOLE SEAL					
meter From To Material From	Amount n To sacks or pounds				
		(10) WELL LOC			
		(12) WELL LOG: Ground elevation			
		Material	From To SWL		
		LOOSE SAUD GRAVEL & CLAY	Churics		
How was seal placed: Method A B C	D D E	REMOVED from bottom o			
Other					
Backfill placed from 282 ft. to 274 ft. Mat Gravel placed from 282 ft. to 294 ft. Size		2 YO PEA GRAVEC 281 to	294		
	of gravel	E Screen Set within H	Gravel.		
(6) CASING/LINER:					
Diameter From To Gauge Steel					
Cashig.					
Liner: SEE SCREEN?					
l location of shoe(s) NO CHANGE					
(7) PERFORATIONS/SCREENS:					
·	The second second				
Screens Type Cook	Material STAINCESS				
· ·	Tele/pipe 577EEL				
om To size Number Diameter	size Casing Liner				
284 287 K PACKER & RISER 287 292 30	9//				
	<u>_8"</u>				
292 293 TAIL PIRE 7"0					
		1/ 11:0	25414 2 615		
		Date started / G MAR Completed	2514AR F.J		
(8) WELL TESTS: Minimum testing		(unbonded) Water Well Constructor Certifica			
•	Flowing	I certify that the work I performed on the c abandonment of this well is in compliance with	onstruction, alteration, or		
☐ Pump ☐ Bailer ☐ Air	L Artesian	standards. Materials used and information reported	l above are true to my best		
Yield gal/min Drawdown Drill ster	m at Time	knowledge and belief.			
50 NIL	1 hr.		WWC Number		
_		Signed I	Date		
		(bonded) Water Well Constructor Certification	n:		
Temperature of water Depth Artesian Flow Found I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all					
Was a water analysis done? Yes By whom	work performed during this time is in compl	iance with Oregon well			
Did any strata contain water not suitable for intended use	i i	construction standards. This report is true to the	best of my knowledge and		
Salty Muddy Odor Colored Tothe	r		WWC Number 743		
Depth of strata:	ENT VIN LOW CO		Date 27 MH2 55		

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

RECEIVED

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 WATER TESCULAR DEPT. ment of each well. Owner's Name and Constitution of the contraction of the contraction Mailing Address PARROLL BUILDING SERVICE CASE SERVICE or reproduct to be events of of a reflection for each of construction of from year course ection or balactions Proposed Commencement Date. Take to egge you as lower the stories to asked an inchestion and the Diameter Proposed Well Depth. Community Other _ Other _ ☐ Industrial Thermal Injection 1/4 of above section inclined in secondary 2. street address of . well location JAUB Come where, end of nothernous contains of one or a of these must be All ANNE SERVICE appropriate a usable access portwill a 3. tax lot number of well location ாவிக்கான மட்டை வரு எனிருக்கான மி. நிலிங்கள் provided attach approved map with location identified. (see reverse of this form for approved mabs) not but they great the following for poet studici 2 Tali bergroot ech orkeris zoraden Et Meingerpood) seitte egitud a 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. HONDING ECHTELISTICE License No. Company

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

Form 537.762 1987

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