

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

JUN 27 1988

WATER RESOURCES DEPT.

CLM
 012700

STREET CARD
 530
 4-1E-32A

(1) OWNER:

Name JOEL NEUSCHWANDER
 Address 6059 S WHISKEY HILL RD
 City HUBBARD State OR 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 _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 154 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
12	1	20	GRANULAR BENTONITE	11
8	20	154		

How was seal placed: Method A B C D E
 Other GRANULAR BENTONITE METHOD

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 25 ft. to 90 ft. Size of gravel PEA

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8	0	154	.250	<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"/>

Location of shoe(s) 154

(7) PERFORATIONS/SCREENS:

Perforations Method DRIVE DOWN
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
88	150	3/16 X 1/4	400			<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
500	46	PUMP	1 hr.
300	21	AIR LIFT	3

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 CLATSOP State _____ Longitude _____
 Township 45 N or S, Range 1E E or W, WM.
 Section 32 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) S. NEEDEY RD, CANBY

(10) STATIC WATER LEVEL:

29 ft. below land surface. Date 5/25/88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 31

From	To	Estimated Flow Rate	SWL
82	102	800 GPM \approx	30
115	132	500 GPM \approx	30

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
SOIL	1	3	
CLAY BROWN	3	31	
SAND BROWN	31	31	
CLAY GREY	31	42	
CEMENTED GRAVEL	42	63	
CLAY DK GREY	63	70	
SILT BLACK	70	82	
SAND BLACK FINE	82	92	
CEMENTED GRAVEL	92	105	
CLAY BLUE STICKY	105	115	
CLAY GREY w/ GREY SAND LAYERS	115	132	
CLAY GREEN	132	144	
SILT DARK BROWN	144	147	
CLAY BLUE GREEN	147	154	

INITIALLY PERFORATED 115 to 150' AND PRODUCED 150 gpm, total. THEN GRAVEL PACKED 25-102 & 115-132, perforated 88' to 115'. THEN PRODUCED 300 gpm WITH 21 DRAWDOWN.

Date started 5/13/88 Completed 5/25/88

(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 _____ WWC Number _____
 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.

Signed Richard Beck WWC Number 243
 Date 5/25/88

RECEIVED 530

"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 JOEL NEUSCHWANDER
6097 S WHISKEY HILL RD
HUBBARD OR

Proposed Commencement Date MAY 12, 1988

Proposed Well Depth 160 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 32

- 1. SE 1/4 of SE 1/4 of above section
- 2. street address of well location _____
- 3. tax lot number of well location _____
- 4. attach approved map with location identified. (see reverse of this form for approved maps)

At least 2 of these must be provided

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 Joel Neuschwander
Owner's Signature

x Richard Beck
Bonded Water Well Constructor

Owner
4/16/88
Date

License No. 743
Company Beck Well 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.