STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

RECEIVED CLAC 12889 — CLAC 012889 — MAY 20 1987 — WATER RESOURCES DEPT.

4s/1E-4dc

(1) OWNER:

Owner's Well Number: _____

Name: Darrel Ferschweiler

Address: 418 S. Fir St.

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:

Depth of Completed Well: 110 ft.

Special Standards date of approval: _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	0	18	Bentonite	0	18	11 sacks
6	18	110				

How was seal placed? Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other: Granular Bentonite

Backfill 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
Casing:	6	+1	106	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time
			½ hr
18		104	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: 4 ☒ or S, Range: 1 E or ☒ WM.

Section: 4 SW ¼ SE ¼

Tax Lot: _____ Lot: _____ Block: _____ Subdivision: _____

Street Address of Well (or nearest address): 1701 S. Hwy. 170 Canby, OR. 97013

(10) STATIC WATER LEVEL:

75 ft. below land surface. Date: 5-18-87

Artesian pressure _____ lb. per square inch. Date: _____

(11) WELL LOG:

Ground elevation: 105

Material	From	To	WB?	SWL
Top Soil	0	1		
Clay Cemented Gravel	1	32		
Gravel	32	90		
Clay	90	96		
Gravel	96	110	X	75

Date started: 5-8-87 Completed: 5-18-87

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed David Donnelly Date 5-19-87

Company: Donnelly Drilling Co. Co. Job No. _____

9809C 10/85

WELL IDENTIFICATION FORM Owner's Well Number: _____

CLAC 12889

COMPLETED

Current Well Owner: Phone: 1-503-824-6262

Name: DARRELL FERSCHWEILER

Mailing Address: 29880 S. ~~DREDGE RIDGE~~ DHODGE RD.

City: CANBY State: OR. Zip: 97014

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION: CLAC 12889

County: CLACKAMAS Latitude: _____ Longitude: _____ Title Report ATTACHED

Township: 4 N or (S), Range 1 (E) or W Section: 4 1/4 SE 1/4

Tax Lot Number: 1400

Street Address of Well (if different from above): 1701 IVY ST

CANBY, OR. 97013

Owner did not install well - UNKNOWN

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Construcion: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If Yes:

Application#: _____ Permit #: _____ Certificate#: _____

Please Return Completed Form to: **Oregon Water Resources Depatment**
158 12th Street NE
Salem, OR 97310

(office use only)

Well Identification Number: 33019

RECEIVED

APR 12 1999

WATER RESOURCES DEPT
SALEM, OREGON