

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

CLAC
013055

START CARD# 2390

JUL 10 1989

4S/1E/106C

(1) OWNER: Well Number: _____
 Name LUDWIG JOHN
 Address 9101 S. GOOD LANE
 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 86 ft.
 Yes No Type _____ Amount _____
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	21	CEMENT	0	21	27 SACKS
8	21	23	CEMENT	21	23	
6	23	92				

How was seal placed: Method A B C D E
 Other _____
 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:	6	+1	86	.250	<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) 86

(7) PERFORATIONS/SCREENS:
 Perforations Method NONE
 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"/>
						<input 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
65	63		1 hr.

Temperature of water 54 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: _____

WATER RESOURCES DEPT.
(9) LOCATION OF WELL by legal description:
 County CLACK Latitude _____ Longitude _____
 Township 4S N or S, Range 1E E or W, WM.
 Section 10 SW $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME AS OWNER

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 6-21-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 6 FT

From	To	Estimated Flow Rate	SWL
65	76	35	2
81	92	65	1

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
CLAY WITH GRAVELS	1	3	
SMAL RIVER COBBLES	3	6	3
MED TO COURSE RIVER COBBLES WITH SOME BINDER	6	18	3
GRAVEL & CLAY	18	24	
CLAY BROWN	24	33	
SAND GREY FINE TO VERY FINE	33	54	2
SAND BEN COURSE WITH SMALL GRAVELS HEAVING	54	61	2
CLAY & GRAVEL	61	65	2
SAND & GRAVEL	65	76	2
CLAY & GARVEL	76	79	
SAND GREY MED COURSE	79	81	1
GRAVEL WITH CLAY	81	92	1

Date started 6-15-89 Completed 6-21-89

(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 688
 Signed Steven M. Stadel Date 6-26-89