

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

CLAC
013161

AUG 18 1987
 WATER RESOURCES DEPT.
 SALEM, OREGON

43/1E-15.6b

(1) OWNER:

Well Number: 305
 Name Wayne Scott
 Address 11310 S. Macksburg 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:

Construction approval Yes No Depth of Completed Well 92 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10"	0	19'	cement	0	19'	12 sacks	
8"	19'	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	Steel			
					Plastic	Welded	Threaded	
Casing:	6"	+14"	92'	.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"/>

Final location of shoe(s) 92'

PERFORATIONS/SCREENS:

Perforations Method _____
 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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
40		88'	2 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: _____

(9) LOCATION OF WELL by legal description:

County Clack. Latitude _____ Longitude _____
 Township 4S N or S, Range 1E E or W, WM.
 Section 15 NW ¼ NW ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 25995 S Hwy 170
Canby, Or. 97013

(10) STATIC WATER LEVEL:

43 ft. below land surface. Date 8/6/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 47'

From	To	Estimated Flow Rate	SWL
47'	56'	6GPM	45'
82'	90'	40GPM	43'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay, sand, brown, fine	2	11	
Clay, brown	11	22	
Clay, gravel, brown, large	22	28	
Clay, brown	28	35	
Clay, blue	35	41	
Clay, gravel, blue, medium	41	47	
Gravel, compact	47	56	45'
Clay, sand, blue, black, fn.	56	63	
Clay, brown	63	82	
Sand, brown, medium	82	90	
Gravel, sand, medium, brown	90	92	

Date started 8/4/87 Completed 8/6/87

(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.

WVC Number 637
 Signed George J. [Signature] Date 8/8/87