

RECEIVED

CLAC

013215

491E-16ab

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

NOV 6 1986

(1) OWNER: **WATER RESOURCES DEPT.**
 Name Donald Lewis **SALEM, OREGON**
 Address 6870 Molalla Bend Rd.
 City Wilsonville State Or. Zip 97070

(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			SEAL			Amount sacks or pounds
meter	From	To	Material	From	To	
10'	0	19'	cemen.	0	19'	12 sacks

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+16	79'	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	5"	70'	110'	.250	☒	☐	☒	☐
					☐	☐	☐	☐

location of shoe(s) 79'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Torch

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90'	108'	1/8"	20			☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
80		105	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: _____

(9) LOCATION OF WELL by legal description:

County Clack. Latitude _____ " Longitude _____ "
 Township 4S N or S, Range 1E E or W, WM.
 Section 16 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 26130 Bolland Rd
Carby, Or. 97013

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 10/31/86

Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Top soil	0	2		
Clay, brown	2	8		
Sand, black, fine	8	9		
Clay, brown	9	22		
Clay, gravel, brown, fine	22	29		
Clay, sand, blue, black, fine	29	34		
Clay, brown	34	37		
Clay, blue	37	51		
Gravel, compacted	51	77		
Clay, brown	77	87		
Sandstone	87	109	yes	40'
Clay, blue	109	110		

Date started 10/23/86 Completed 10/31/86

(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 George J. Hainwright Date 11/5/86

Company B&G Drilling Co. Job No. 291