

JUN 10 1989

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) #

(1) OWNER: Well Number: _____
Name Wm. H. Tucker Sr.
Address 24850 S. Rahey Lane
City Estacada State OR Zip 97023

(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 312 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	50	Cement	0	50	14
8	50	100	Cement	50	100	8
6	100	312	Open			

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	Welded	Threaded				
Casing: 10	12	108	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"/>
Liner: 5	92	312	1600	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
92	312	1/8 x 6/32	390	.5		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 25 Drawdown 162 Drill stem at _____ Time 24 Hrs.

Temperature of water 52 Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NO
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 3S N or S, Range 4E E or W, WM.
Section 18 S.W. 1/4 SE 1/4
Tax Lot 1490 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Estacada, Rock products, Estacada, or

(10) STATIC WATER LEVEL:
103 ft. below land surface. Date 6/2/89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
292	312	25	103

(12) WELL LOG: Ground elevation 280'

Material	From	To	SWL
fill brown clay and boulders	0	5	
Clay Blue	5	102	
Clay Gray	102	110	
Rock / soft / grey	110	279	
Clay Stone Blue w/ red streaks	279	292	
Rock Red Soft	292	312	103

Date started 5/2/89 Completed 6/7/89

(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 1338
Signed _____ Date 6/14/89

(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 1338
Signed Michael W. Smith Date 6/14/89