

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

clac
16048

DEC - 3 1991

43/25-29ab

(START CARD) # 36690

(1) OWNER:

Name Arrowhead Golf Club
 Address 28301 S Hwy 213
 City Molalla State OR Zip 97038

Well Number: SA

(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 257 ft.
 Yes No
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	25	cement	0	25	47 sacks
10	205	420	---	---	---	---
	25					

How was seal placed: Method A B C D E
 Other

Backfill placed from 257 ft. to 360 ft. Material gravel/cement
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel				Plastic			
					Welded	Threaded	Welded	Threaded				
Casing:	10"	+1	1/2 208	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liner:	8"	200	257	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) 340

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Houston Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
211	221	18		10"	tele	<input type="checkbox"/>	<input checked="" type="checkbox"/>
229	244	28		10"	tele	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
400		205	1 hr.

Temperature of water 55 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 Clackamas Latitude _____ Longitude _____
 Township 4S N or S. Range 2E E or W. WM.
 Section 29 NW 1/4 NE 1/4
 Tax Lot 403 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

34.2 ft. below land surface. Date 11/23/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
212	221	1.00	34.2
229	243	300	34.2

(12) WELL LOG:

Material	From	To	SWL
Soil	0	1.5	
Gravel and dirt	1.5	4	
Large river gravel	4	22	
Clay gray	22	29	
Cobbles	29	35	
Clay brown	35	39	
Cemented gravel	39	80	
Gray siltstone	80	89	
Sticky gray clay	89	94	
Cemented gravel	94	101	
Gravel and clay	101	114	
Gravel w/coarse black sand	114	118	
Cemented gravel	118	125	
Sticky clay	125	128	
Siltstone	128	137	
Round gravel small	137	141	
Clay and gravel	141	146	
Silt sand	146	150	
Clay gray med	150	168	
Clay stone grqv	168	174	
Clay stone brown	174	177	
Fine silt sand	177	181	
Cont'd			

Date started 10/29/91 Completed 11/23/91

(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.

Signed [Signature] WWC Number 1358
 Date 12/2/91

(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.

Signed [Signature] WWC Number 723
 Date 12/2/91

NE1/4 SEC.29 T4S.R25.W.M.
CLACKAMAS COUNTY
1"=200'

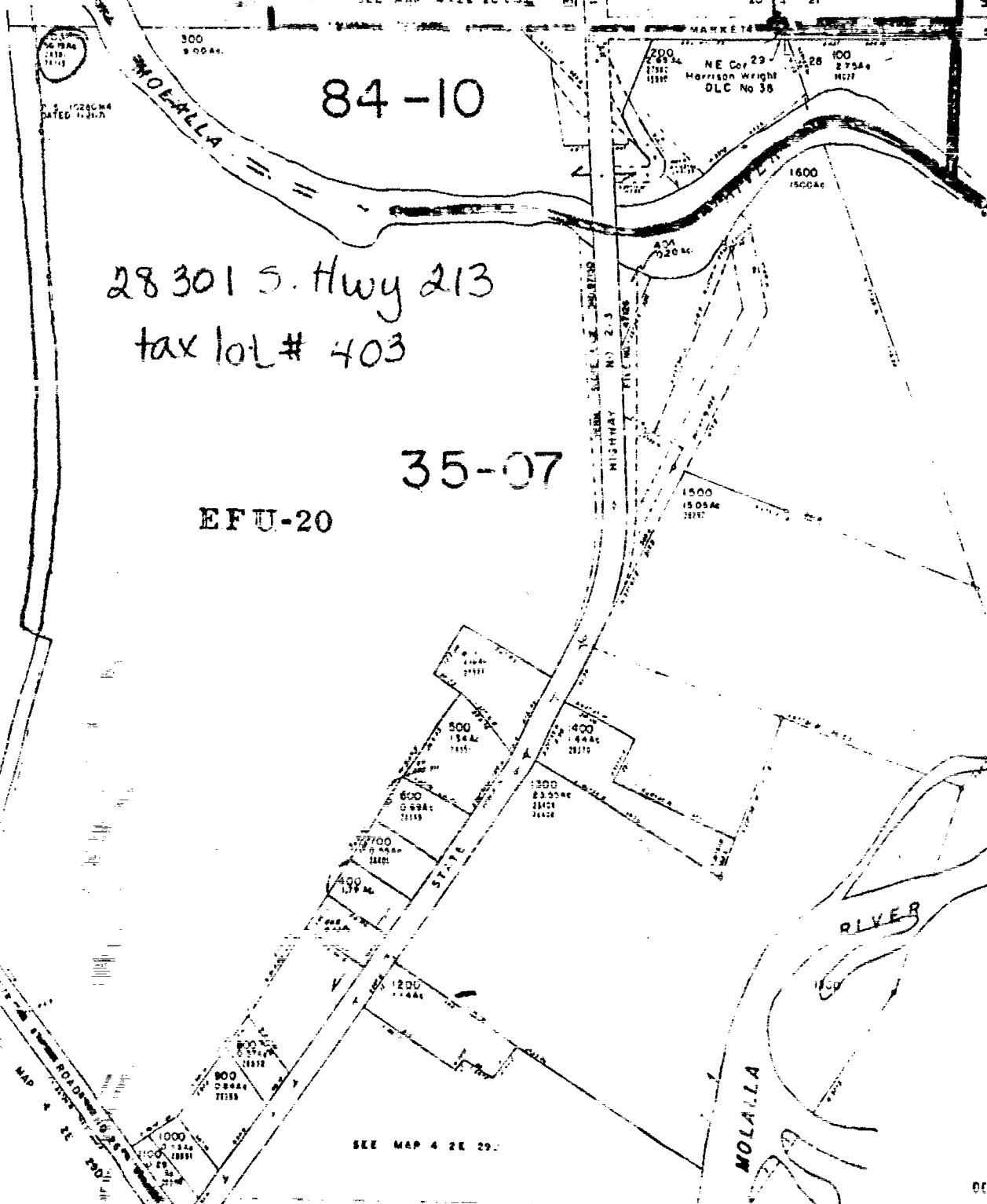
DEC - 3 1991

D.L.C.
HARRISON WRIGHT NO. 38
WATER RESOURCES DEPT.
SALEM, OREGON

13500

13500

11000



28301 S. Hwy 213
tax lot # 403

35-07

EFU-20

SEE MAP 4 2E 29.

Post-It™ brand fax transmittal memo 7671 # of pages =

To	John	From	Victoria
Co.		Co.	
Dept.	☺	Phone #	
Fax #		Fax #	

