

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

*CLAC*  
*161*

AUG 15 1990  
 WATER RESOURCES DEPT.  
 OREGON (START CARD) # We20330

*2s/2E/34bd*

(1) OWNER: Well Number: 25-90  
 Name Issa Karam/KARAM NURSERY  
 Address 14630 S. Holcomb Road  
 City Oregon City State Ore Zip 97045

(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 181 ft.  
 Explosives used  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	+1	25	Bentonite	1	25	650 lbs
6	25	181				

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	Type			
					Steel	Plastic	Welded	Threaded
Casing:	6	+1	151	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2	146	181	188	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 151 ft.

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
161	179	1/8	72			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
 Yield gal/min 45 Drawdown 61 Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 53 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 2S N or S, Range 2E E or W, WM.  
 Section 34 SE 1/4 NW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 15028 S. Redland Road, Oregon City, Oregon 97045

(10) STATIC WATER LEVEL:  
67 ft. below land surface. Date 8-13-90  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 157 ft.

From	To	Estimated Flow Rate	SWL
157 ft.	166 ft.	45gpm	67

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Clay-brown	0	42	
Gravel-brown	42	44	
Clay-brown	44	49	
Clay-gray blue	49	72	
Clay-sandy-gray	72	146	
Clay-gray	146	157	
Sand-coarse=gray	157	166	67
Clay-blue	166	181	

Date started 8-8-90 Completed 8-13-90

(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 Steinman Bros. Dr. Co. WWC Number \_\_\_\_\_ 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.  
 Signed Ronald E. McDaniel WWC Number 1 Date \_\_\_\_\_