WATER WELL REPORT STATE OF OREGON

CLAC 16967

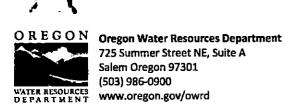
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...JAN 1 8 1983

State Well No. $35/3\epsilon - 24d\alpha$

State	Well No.	(L)	\sim	ــــــــــــــــــــــــــــــــــ	X	uc	J
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(1) OWNER:	(10) LOCATION OF WELL:	
Name SPRINGWATER ESTATES HOMEOWNER'S ASSN.	County Clackamas Driller's well number].	- 83
Address 213/1 S. Parkview Lane	NE ¼ SE ¼ Section 2¼ T. 3S R. 3E	W.M
City Estacada 97023 State Oregon	Tax Lot # Lot Blk Subdiv	
(2) TYPE OF WORK (check):	Address at well location:	
New Well Deepening Reconditioning Abandon If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed well.	
(3) TYPE OF WELL: (4) PROPOSED USE (check):		<u>87</u> ft.
	Static level 86 ft. below land surface. Da	ate 1-6-3
Rotary Air Driven Domestic Industrial Municipal XX Rotary Mud Dug DI Irrigation Test Well Other D	Artesian pressure lbs. per square inch.	Date
Bored Thermal: Withdrawal Reinjection	(12) WELL LOG: Diameter of well below casing	
CASING INSTALLED: Steel Plastic Threaded Welded Welded Down Diam. from Plus 1 ft. to 156 ft. Gauge .250	Depth drilled 156 ft. Depth of completed well Formation: Describe color, texture, grain size and structure of mate thickness and nature of each stratum and aquifer penetrated, with at for each change of formation. Report each change in position of Sta	rials; and show least one entry
	and indicate principal water-bearing strata.	tic water Level
LINER INSTALLED:	MATERIAL From T	o SWL
" Diam. from ft. to ft. Gauge		17
(A) DEDECOR AMERICAN	1 · ·	23
(6) PERFORATIONS: Perforated? ▼ Yes □ No Type of perforator used Torch		46
Size of perforations 1/8 in. by 12 in. ^		87
		46 86
80perforations from116ft. to155ft.	_ 	56
perforations fromft. toft.		
perforations from ft. to ft.		-
(7) SCREENS: Well screen installed? □ Yes 🛎 No		_
Manufacturer's Name		-
Type Model No.		
Diam. Slot Size		
Diam. Slot Size Set from ft. to ft.		
(8) WELL TESTS: Drawdown is amount water level is lowered below static level		
Was a pump test made? N Yes No If yes, by whom?		-
d: 165 gal./min. with 60 ft. drawdown after 8 hrs.		
" " "		
Air test gal/min. with drill stem at ft. hrs.		-
Bailer test gal./min. with ft. drawdown after hrs.		
Artesian flow g.p.m.		
aperature of water 52 degreenth artesian flow encountered ft.	Work started 12-20 19 82 Completed 1-7	1983
(9) CONSTRUCTION: Special standards: Yes □ No 🖔	Date well drilling machine moved off of well 1-7	1983
Well seal—Material used Cement grout 5% bentonite	Drilling Machine Operator's Certification:	
Well sealed from land surface to		f_4
Diameter of well bore to bottom of seal12 in.	This well was constructed inder my direct supervision. Me and information reported the property of the my best in which we are reported to my best in which we have a supervision.	raterials used re and belief.
Diameter of well bore below seal	[Signed] (Drilling Machine Operator) Date 1	16, 198.3
Number of sacks of cement used in well seal	2.	98
How was cement grout placed? pumped between 12 inch hole	Drilling Machine Operator's License No.	<u> </u>
and 8 inch casing	Water Well Contractor's Certification:	
	This well was drilled under my jurisdiction and this rep	ort is true to
Was pump installed? Type	the best of my knowledge and belief.	Proc
Was a drive shoe used? ☐ Yes 🖔 No Plugs Size: location ft.	Name Ronald F. McConnell dba Steinman (Person, firm or corporation) (Ty	pe or print)
Did any strata contain unusable water? ☐ Yes 💆 No	Address 3073 SE Holly Ave. Milwaykie, OR	97222
Type of Water? depth of strata	reind Ver al O. L. W. V. all	2
Method of sealing strata off	[Signed] (Water Well Contractor)	*************
Was well gravel packed? ☑ Yes ☐ No Size of gravel: 3/8minus	Contractor's License No	, 19.83.
Gravel placed from		



Last Update: 5-10-23

Application for Well ID Number

Received

Do not complete if the well already has a Well Identification Number.

AUG 13 2024

I. OWNER INFORMATION
C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Current Owner Name (please print): Spring water Estates HDA, Inc.
Mailing Address: 70 Box 854
City, State, Zip: Estarada, OR 97023
Mail Well ID to: SAME AS ABOVE In Care Of (C/O) 583 970 6448
Name & Address:
City, State, Zip:
II. WELL LOCATION INFORMATION (Please fill out as completely as possible) Township: 38 (North/South) Range: 3E (East/West) Section: 24 NW 1/4 of the 18E 1/4 Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Clackmas GPS Coordinates: 45.29 4832 -122.380314 Street Address of Well, City: 21488 S. Say nawater Rd. Estacada DR. 97023 If the property had a different street address in the past:
Use of Well (domestic, irrigation, commercial, industrial, monitoring): Date Well Constructed (or property built): Date Vell Constructed (or property built): Owner at time the well was constructed (if known): Well Report # (if known): Well Report # (if known):
Other Information: Copy of Well report attacked SUBMITTED BY (please print): Grea Mow PHONE: 503 970 Life By EMAIL &/or FAX: Spri rawateres livate and Copy of the Copy of t
SUBMITTED BY (please print): Grea Mow PHONE: 503 970 Life B EMAIL &/or FAX: Springwaterestates Livace annual, CDP To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
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