

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

Clac
17668

FEB - 6 1992

38/7el/4cb

(START CARD) # 36698

(1) OWNER: Well Number: 3
 Name R R R Golf, Inc.
 Address 68010 East Fairway
 City Welches State OR Zip 97067

(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 Quasi municipal

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 244 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	30	cement	0	30	86 sacks
12"	30	244	—	—	—	—

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:	12	+2	151 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10	145	155		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10	175	198		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	10	238	244		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) 184

(7) PERFORATIONS/SCREENS:
 Perforations Method welded
 Screens Type Johnson Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
155	175	30		10	p.s.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
198	238	30		10	p.s.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 300 Drawdown _____ Drill stem at _____ Time 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 3 S N or S. Range 7 E E or W, WM.
 Section 4 NW 1/4 SW 1/4
 Tax Lot 357E4CB Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 68010 E. Fairway
Welches, OR 97067

(10) STATIC WATER LEVEL:
54.5 ft. below land surface. Date 1/22/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
152	180	180	50
195	240	250	54

(12) WELL LOG: Ground elevation \pm / - 1350

Material	From	To	SWL
<u>silty sand</u>	0	40	2
<u>sand and gravel</u>	40	82	
<u>sandy gravelly clay</u>	82	85	
<u>gravel</u>	85	95	
<u>gravelly clay</u>	95	100	
<u>sand and gravel</u>	100	130	
<u>clayey sand and gravel</u>	130	152	
<u>sand and gravel</u>	152	180	50
<u>sandy clay</u>	180	182	
<u>hard rock-volcanics</u>	182	195	
<u>sand and gravel</u>	195	240	54'
<u>volcanics</u>	240	247	

Date started 1/8/92 Completed 1/22/92

(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 Byron B. Threlkeld WWC Number 1358
 Date 2/4/92

(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 223
 Date 2/4/92