

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

CLAC
17825

APR - 6 1992

2s/1E/16 bd

(START CARD) # 35782

(1) OWNER: Well Number _____
Name John Lisac
Address 16801 S. Clackamas River Dr.
City Oregon City State Or 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 498 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Material	From	To	Amount sacks or pounds
Diameter	From	To					
10	0	59	Portland	0	59	24	
6	59	498					

How was seal placed: Method A B C D E
 Other Topped off with Bentonite - 1 bag
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:	6	+1	59	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	15	498	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 59

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
418	498	3/16	84	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 55-60 Drawdown _____ Drill stem at 485 Time 1 hr.

Temperature of Water 52° 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 2 N of 3 Range 1 E of W. WM.
Section 16 SE 4 NW 4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Corner of Stafford & Rosemont Rd.

(10) STATIC WATER LEVEL:
298 ft. below land surface. Date 3-31-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 438

From	To	Estimated Flow Rate	SWL
438	484	8	unable
484	498	50	298

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Claytan	2	28	
Claystone gray	28	32	
Rock brown	32	54	
Rock black	54	63	
Rock gray	63	105	
Rock black	105	118	
Rock gray	118	135	
Rock red	135	141	
Rock brown	141	168	
Rock gray	168	230	
Rock red	230	257	
Rock brown	257	269	
Rock gray	269	330	298
Rock brown	330	374	
Rock gray	374	383	
Rock black	383	438	
Rock gray	438	484	
Rock gray broken	484	498	

Date started 3-23-92 Completed 3-30-92

(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 William J. Sur WWC Number 1576 Date 4-1-92

(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 Ann C. Wilkerson WWC Number 1229 Date 3-31-92