

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

CLAC
 17833

CLAC 17833

APR 10 1992

2S/1E/30C

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 39606

(1) OWNER: Well Number _____
 Name Jack Harper SR
 Address 5665 S.W. Decker Rd.
 City Tualatin State OR Zip _____

(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 280
 Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
10	0	58	Cement	0	58	21
6	58	280				

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	Welder	Threaded
Casing: 6	+1	58	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5	-8	280	SCH 40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
280	280	1/4-6	120			<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
25		260	2 hr.
15	50		1

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 Clack Latitude _____ Longitude _____
 Township 2S N or S. Range 1E E or W. WM.
 Section 30C 1/4 _____ 1/4 _____
 Tax Lot 17 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
160 ft. below land surface. Date 4-7-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 230

From	To	Estimated Flow Rate	SWL
230	280	2.5	160

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
TOP Soil	0	2	
Red Clay	2	21	
weathered Basalts	21	28	
BLACK Basalts	28	80	
Fracture Black Basalts	80	180	
Red Shell	180	190	
Fracture Black Basalts	190	220	
Red Shell	220	230	
Fracture Black Basalts	230	280	

Date started 4-4-92 Completed 4-7-92

(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 _____ 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 [Signature] WWC Number 616
 Date 4-8-92

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 4-4-92
Date Hand-delivered _____
Watermaster Initials KC-4992

W. 39606
WRD Receipt 85146
Date Fee Received 4-6-92

CHECK NO. _____

RECEIVED

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

APR - 6 1992

WATER RESOURCES DEPT.
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A \$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

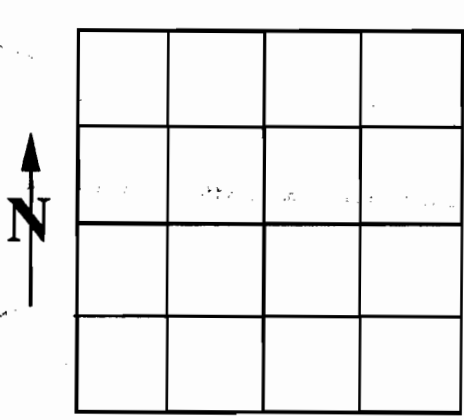
Owner's name and mailing address Jack Harper Sr.
5665 SW Deiker Rd
Tullahoma OR.

Check type of work: Fee Required New construction Conversion
No Fee Required Repair Deepening Recondition Abandonment

Proposed Commencement Date 4-3-92 Existing or Proposed Well Depth 300 Diameter 6

Check Use: Domestic Community Industrial Irrigation Monitoring
 Thermal Injection Other _____

Proposed Well Location: County CLACK Owner's Well Id. No. _____
Township 2S (N or S) Range 1E (E or W) Section 30C



- 1. _____ 1/4 of _____ 1/4 of above section
- 2. Street address of well location 5665 SW Deiker Rd
TULLAHOMA
- 3. Tax lot number of well location 17
- 4. Attach map with location identified.
(See reverse of this form for approved maps)
- 5. Show well location within 1/4, 1/4 of section grid at left.

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

Owner's signature

Title

Home phone

Date

Work phone

[Signature]
Bonded Water Well Constructor
License No. 616
Company Ted Pulliam

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO DISTRICT WATERMASTER