

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

RECEIVED
CLAC CLAC 18025
18025 JUL 21 1992

4s/1e/15cc
(START CARD) # W 36770

(1) OWNER: Well Number: WATER RESOURCES DEPT
Name FLIKS CAM SALEM, OREGON
Address 12417 Ingalls Ln. NE. County Clackamas
City Woodburn State Ore Zip 97071

(9) LOCATION OF WELL by legal description:
Latitude _____ Longitude _____
Township H.S. Nor S. Range 1E E or W, WM.
Section 15 SW 1/4 SW 1/4
Tax Lot 3486 + 3480 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 26607 Hy. 170
Cambly Ore 97013

(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 _____

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 7-16-92
Artesian pressure _____ lb. per square inch. Date _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 285 ft.
Explosives used Yes No Type _____ Amount _____

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

From	To	Estimated Flow Rate	SWL
<u>232</u>	<u>285</u>	<u>300 +</u>	<u>44</u>

HOLE SEAL

Diameter	From	To	Material	From	To	Amount sacks or pounds
<u>8</u>	<u>0</u>	<u>20</u>	<u>Cement</u>	<u>0</u>	<u>20 +</u>	<u>20</u>

How was seal placed: Method A B C D E
 Other Tremie
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	Steel	Plastic	Welded	Threaded
Casing:	<u>8</u>	<u>+1</u>	<u>230</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>6</u>	<u>225</u>	<u>285</u>	<u>16084</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Top 6 Brown Clay</u>	<u>0</u>	<u>9</u>	
<u>Brown clay with gravel</u>	<u>9</u>	<u>16</u>	
<u>Brown sand & silt</u>	<u>16</u>	<u>18</u>	
<u>Blue clay silty</u>	<u>18</u>	<u>37</u>	
<u>Cement Gravel Brown</u>	<u>37</u>	<u>74</u>	<u>37</u>
<u>Brown sand fine</u>	<u>74</u>	<u>78</u>	<u>37</u>
<u>Brown clay & small gravel (hard)</u>	<u>78</u>	<u>88</u>	<u>37</u>
<u>Cement Gravel Blue</u>	<u>88</u>	<u>96</u>	<u>37</u>
<u>Dark Gray clay</u>	<u>96</u>	<u>124</u>	
<u>Green silty clay</u>	<u>124</u>	<u>132</u>	
<u>Light Gray clay</u>	<u>132</u>	<u>148</u>	
<u>Fine black sand</u>	<u>148</u>	<u>156</u>	<u>64</u>
<u>Black silt with clay streaks</u>	<u>156</u>	<u>218</u>	
<u>Redish Brown silt</u>	<u>218</u>	<u>232</u>	
<u>Coarse Sand Stone</u>	<u>232</u>	<u>246</u>	<u>44</u>
<u>Gray clay with streaks</u>			
<u>OP sand stone</u>	<u>246</u>	<u>285</u>	<u>44</u>
<u>Dark clay stone</u>	<u>285</u>	<u>300</u>	

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>125</u>	<u>185</u>		<u>160</u>	<u>6"</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Date started July 2 - 92 Completed July 16 - 92

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 300 + Drawdown ? Drill stem at 280 Time 6hr +

(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 _____

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 Fine sand & silt
Depth of strata: _____

(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 John W Beck WWC Number 447
Date July 16 - 91

CLAC 18025

For Official Use Only:

Received Date: _____

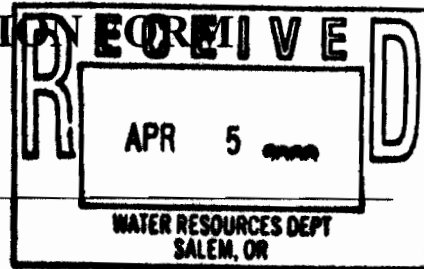
County Well Log ID #

Well Identification Tag #

Clac 18025

40972

WELL IDENTIFICATION APPLICATION



BUYER/CURRENT WELL OWNER:

Name: Allixs Cam

Mailing Address: 26607 S Hwy 170

City: Canby State: OR Zip: 97013 Phone: (503) 266 7472

WELL LOCATION:

"CLAC 18025"

County: Clackamas Owner's Well Number: _____

Township: _____ N or S, Range: _____ E or W, Section: _____ 1/4 _____ 1/4

Tax Lot Number: _____ Type of Well: water supply _____ monitoring _____

Street Address of Well (if different from above): _____

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

**Roger Wright
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310**

