

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

CLAC 18416

MAR 24 1993

55/1E/46a

35250

(1) OWNER:

Name Michael L & Dinah L Hambleton
Address 8224 S Barnard Rd
City Canby State Or Zip 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

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 290 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	19	Cement	0	19	22 sacks
8"	19	290				

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:	8"	18"	271	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 271

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
200		285	3 hrs.

Temperature of Water 54 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 5S N or S. Range 1E E or W. WM.
Section 4 NE 1/4 NW 1/4
Tax Lot 401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
3224 S Barnard Rd., Canby, Or.

(10) STATIC WATER LEVEL:

51 ft. below land surface. Date 3/2/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 54

From	To	Estimated Flow Rate	SWL
54	65	15 GPM	48
134	138	50 GPM	48
188	183	50 GPM	69
272	284	200 GPM	51

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay, brown	2	23	
Clay, sand, brown, fine	23	54	
Gravel, compacted	54	65	48
Clay, brown	65	76	
Clay, blue	76	126	
Sand, black, fine	126	134	
Gravel, medium	134	138	48
Clay, blue	138	173	
Clay, brown	173	188	
Sandstone, black, fractured	188	193	69
Clay, blue	193	272	
Sandstone, black, fractured	272	284	51
Clay, blue	284	290	

Date started 2/3/93 Completed 3/2/93

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. Material used and information reported above are true to my best knowledge and belief.

WWC Number _____
Signed _____ 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.

WWC Number 637
Signed George J. Vainwright Date 3/5/93