

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

RECEIVED RECEIVEDS / 2E/34cd

APR 26 1993

MAY 10 1993

(START CARD) #

40021

Clac
18463

(1) OWNER:

Name Caleb Siaw
 Address 19339 SE Foster Rd.
 City Boring State Or Zip 97007

(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 760 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Material	From	To	Amount (sacks or pounds)
Diameter		From	To				
10	0	20	Portland	0	20	8	
8	20	390					
10	390	400	Portland	390	400	34	
6	400	500					

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:

Casing/Liner	Diameter	From	To	Gauge	Steel			
					Plastic	Welded	Threaded	
Casing:	6	+1	411	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 411

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
65-70		760	1 hr.

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: _____

WATER RESOURCES DEPT. SALEM, OREGON
(9) LOCATION OF WELL: Legal description:
 County Clack. Latitude _____ Longitude _____
 Township 5 N or S Range 2 E or W. WM.
 Section 34 SESE SW ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
352 ft. below land surface. Date 4-22-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 750

From	To	Estimated Flow Rate	SWL
745	760	65-70	352
670	680	7	489

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Rock Gray	2	230	
Clay gray	230	280	
Clay brown	280	291	
Shale green	291	320	
Clay gray	320	390	352
Rock black	390	655	
Rock greenish	655	692	
Clay gray	692	745	
Rock broken brown	745	760	
Rock black	760	765	

Date started 4-1-93 Completed 4-22-93

(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.
 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 1229
 Signed [Signature] Date 4-22-93