

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

Clack
18476

APR 29 1993

AUG 19 1993

43/E/236
36714

WATER RESOURCES DEPT.
 SALEM, OREGON

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 SALEM, OREGON
(START CARD) #

(1) **OWNER:** Well Number 137
 Name Rudolph, and Olga Etzel, and Marie Etzel
 Address 10510 S. Macksburg
 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 315 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
14"	0 20	Cement	0 20	20 sacks	
10"	20 315				

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: 10"	18"	295	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) 295

(7) **PERFORATIONS/SCREENS:**
 Perforations Method _____
 Screens Type 8" tele Material 304 SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
290	295				7 1/2"	<input type="checkbox"/>	<input type="checkbox"/>
295	315	30				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
300		314	1 hr. 40 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: _____

(9) **LOCATION OF WELL by legal description:**
 County Clack- Latitude _____ Longitude _____
 Township 4 N or S Range 1 E or W. WM.
 Section 23 NE 1/4 NW 1/4
 Tax Lot 1100, 1400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 10510 S Macksburg Rd

(10) **STATIC WATER LEVEL:**
52 ft. below land surface. Date 4-6-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 49'

From	To	Estimated Flow Rate	SWL
49	96	50 GPM	32
174	191	100 GPM	50
295	315	300 GPM	52

(12) **WELL LOG:**
 Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
clay, brown	2	21	
clay, sand, brown, fine	21	49	
gravel, compacted	49	96	32
clay, brown	96	105	
clay, blue	105	174	
sand, black, fine	174	191	50
clay, blue	191	230	
claystone, blue	230	250	
clay, blue	250	295	
sand, black, med	295	315	52

Date started 2-28-93 Completed 4-6-93

(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.
 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 Robert K... WWC Number 1277
 Date 4-28-93