

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

CLACK
18741

25/4/20

(START CARD) # 52084

(1) OWNER: Well Number 131 #2
 Name Don Mcgee
 Address 32700 SE Leewood
 City Boring 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 200 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	40	bentonite	0	25	20
6	40	200				

How was seal placed: Method A B C D E
 Other pond

Backfill placed from 25 ft. to 40 ft. Material Bentonite
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+2	87	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	-5	200		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 87

(7) PERFORATIONS/SCREENS:
 Perforations Method Air and Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	80	1/4/1	300	8		<input checked="" type="checkbox"/>	<input type="checkbox"/>
130	160	1/4/12	50	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 15 Drawdown 150 Drill stem at 200 Time 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: _____

(9) LOCATION OF WELL by legal description:
 County Clack. Latitude _____ Longitude _____
 Township 2 N or S Range 4 E or W. WM.
 Section 20 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as above

(10) STATIC WATER LEVEL:
53 ft. below land surface. Date 7/26/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	80	3	53
130	160	12	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
top soil	0	1	
clay/gravel brown	1	6	
clay brown	6	40	
sand/gravel gray	40	47	
clay/gravel gray	47	60	
sand/gravel gray	60	80	53
clay blue	80	130	
clay/sand gray	130	160	
clay/wood gray	160	170	
clay blue/green	170	200	

RECEIVED

AUG 12 1993

RECEIVED

**WATER RESOURCES DEPT.
 SALEM, OREGON**

OCT - 1 1993

**WATER RESOURCES DEPT.
 SALEM, OREGON**

Date started 7/22/93 Completed 7/26/93

(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 663
 Signed Rodney C. Gil Date 8/10/93