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52449

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

CLAC
18976

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 52449

(1) OWNER: Skylands Water Company
Well Number _____
Name _____
Address P.O. Box 451
City Lake Oswego State OR Zip 97034

(9) LOCATION OF WELL by legal description:
County Clackamas Latitude _____ Longitude _____
Township 2S N or S. Range 1E E or W. WM. _____
Section 15 SW 1/4 of NE 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) behind 17925
Crestline Drive, Lake Oswego, OR

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(10) STATIC WATER LEVEL:
344 ft. below land surface. Date 11/29/93
Artesian pressure _____ lb. per square inch. Date _____

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 504 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
Pre-existing	502	see (8)	see
unknown			(10)

HOLE		SEAL		Amount	
Diameter	To	Material	From	To	sacks or pounds
8	476	Cement	0	80	27 sks
		1/2" Bentonite	80	175±	90 sks
Pre-existing:		Cement	175±	200	10 sks
12	0	1/2" Bent & Rock	200	380±	150 sk + 9 sk
		Cement	380±	400±	10 sks

How was seal placed: Method A B C D E
 Other Bentonite was poured & probed

(12) WELL LOG:
Ground elevation approx. 685

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 400 ft. to 476 ft. Size of gravel 3/8 topped

(6) CASING/LINER: with 2' of sand.

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8	+1	416	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-existing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	+0.5	62±	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	?	<input type="checkbox"/>

Liner: _____

Material	From	To	SWL
Bailed loose material	472	476	
Drilled:			
Basalt, blk, bkn, med-sft	476	492	
Basalt, brn, bkn, med-sft	492	502	
Basalt, gray, hard	502	504	

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
416	456	.250	std	8	PS	<input type="checkbox"/>	<input type="checkbox"/>
456	476	.250	FF	8	PS	<input type="checkbox"/>	<input type="checkbox"/>

Date started 11/3/93 Completed 11/30/93

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

(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.

Yield gal/min	Drawdown	Drill stem at	Time
100		504	1 hr.

Signed David Donnell WWC Number 806
Date 12/9/93

Temperature of Water approx. 55°F 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: _____

(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 Stephen Schneider WWC Number 649
Date 12/9/93