

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

RECEIVED  
CLAC 19100  
MAR 14 1994

(START CARD) #

2S/4E/15  
36799

(1) OWNER:

Name Don Jones Well Number SALEM, OREGON  
Address 30445 E. SPRING HILL RD.  
City CORBETT 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 300 ft.  
Explosives used ☐ Yes ☐ No Type  Amount

| HOLE     |      |     | SEAL     |      |     | Amount<br>sacks or pounds |
|----------|------|-----|----------|------|-----|---------------------------|
| Diameter | From | To  | Material | From | To  |                           |
| 12       | 0    | 115 | CEMENT   | 0    | 30  | 22                        |
| 8        | 115  | 300 | CEMENT   | 105  | 115 | 10                        |

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

Backfill placed from 30 ft. to 105 ft. Material BENTONITE SLURRY  
Gravel placed from  ft. to  ft. Size of gravel

(6) CASING/LINER:

|         | Diameter | From | To  | Gauge   | Steel                               | Plastic                             | Welded                              | Threaded                 |
|---------|----------|------|-----|---------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Casing: | 8        | +1   | 270 | 250     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner:  | 6        | 261  | 300 | sch. 40 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method MILLS KNIFE / SKILL SAW  
☐ Screens Type  Material

| From | To  | Slot size | Number | Diameter  | Tele/pipe size | Casing                              | Liner                               |
|------|-----|-----------|--------|-----------|----------------|-------------------------------------|-------------------------------------|
| 230  | 270 |           | 300    | 2 1/4"    |                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 270  | 300 |           | 120    | 6" x 1/8" |                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
| 30            | 1        |               | 1 hr. |

Temperature of Water 55° 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 CLACKAMAS Latitude  Longitude   
Township 2S N or S. Range 4E E or W. WM.   
Section 15 1/4 1/4 1/4 1/4  
Tax Lot  Lot  Block  Subdivision   
Street Address of Well (or nearest address) END OF SCOGAN RD. SANDY OR

(10) STATIC WATER LEVEL:

199 ft. below land surface. Date 2/15/94  
Artesian pressure  lb. per square inch. Date

(11) WATER BEARING ZONES:

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 230  | 300 | 100 GPM             | 199 |

(12) WELL LOG:

Ground elevation

| Material        | From | To  | SWL |
|-----------------|------|-----|-----|
| TOP SOIL        | 0    | 2   |     |
| BROWN CLAY      | 2    | 59  |     |
| CLAY AND GRAVEL | 59   | 82  |     |
| BROWN CLAY      | 82   | 96  |     |
| BLUE CLAY       | 96   | 201 |     |
| CEMENTED GRAVEL | 201  | 300 | 199 |

Date started 1/29/94 Completed 2/15/94

(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 OKell WWC Number 462  
Date 3/6/94

## FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 1-24-94  
 Date Hand-delivered \_\_\_\_\_  
 Watermaster Initials \_\_\_\_\_

W. 36799  
 WRD Receipt 101976  
 Date Fee Received 1-25-94

CHECK NO. \_\_\_\_\_

# START CARD

## NOTICE OF BEGINNING OF WELL CONSTRUCTION

(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A **\$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well** (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address DON JONES  
30445 E SPRING HILL RD.  
CORBETT OREGON

**RECEIVED**  
 JAN 25 1994  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Check type of work:

Fee  
Required

☒ New construction  
☐ Conversion

No Fee  
Required

☐ Repair  
☐ Deepening

☐ Recondition  
☐ Abandonment

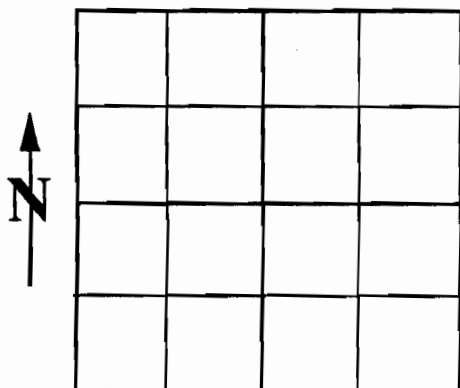
Proposed Commencement Date 1/24/94 Existing or Proposed Well Depth 250 Diameter 8"

Check Use:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation ☐ Monitoring  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

Proposed Well Location: County CLACKAMAS Owner's Well Id. No. \_\_\_\_\_

Township 2S (N or S) Range 4E (E or W) Section 15



1. \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of above section

2. Street address of THE END OF SCOGAN  
 well location RD., SANDY OREGON

3. Tax lot number of well location 1200

4. Attach map with location identified.  
 (See reverse of this form for approved maps)

5. Show well location within 1/4, 1/4 of section grid at left.

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. ( See #2 on back)

Owner's signature

Bonded Water Well Constructor

Title

Date

Home phone

Work phone

License No. 462Company KELER WELL DRILLING

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM  
 If no fee applies, discard this copy