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

ERIC
19185

RECEIVED

APR 20 1994

(START CARD) # 59890

4S/2E/32CC

(1) OWNER:

Name Mr. Anastas Sharabarin
Address 12383 Dominic Road
City Mt. Angel State OR Zip 97362

WATER RESOURCES DEPT
SALEM, OREGON

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	25'	Bentonite	0	25	35 sacks
			Granular			
12"	25	312	Cement	0	25	2 sacks

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 302.5 ft. to 312 ft. Size of gravel Pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12	+1	155	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	10	150.5	202	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	10	212	234	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	10	244	286.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	10	296.5	302.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 302.5

(7) PERFORATIONS/SCREENS:

Perforations Method none
 Screens Type Houston Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
202	212	30			10	<input type="checkbox"/>	<input checked="" type="checkbox"/>
234	244	30			10	<input type="checkbox"/>	<input checked="" type="checkbox"/>
286.5	296.5	.030			10	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K-Packer	149.5	150.5				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500	n/a	217	1 hr.

Temperature of Water 56' Depth Artesian Flow Found none
Was a water analysis done? Yes By whom None
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other none
Depth of strata: none

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude _____ Longitude _____
Township 4S N or S. Range 2E E or W. WM. _____
Section 32 SW 1/4 SW 1/4
Tax Lot 2800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29855 S Hwy 213

(10) STATIC WATER LEVEL:

41' ft. below land surface. Date 4-15-94
Artesian pressure none lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 135'

From	To	Estimated Flow Rate	SWL
135	150	75	41
205	215	200	41
232	245	150	41
285	300	150	41

(12) WELL LOG:

NOTE: Cut drive Ground elevation XXXXXX
Shoe off at 298.5

Material	From	To	SWL
Top Soil	0	1	
Clay Soft Brown	1	10	
Clay Brown with Cobbles	10	50	
Gravels Cemented Brown	50	60	
Gravels Med size with Clay Brn	60	74	
Gravels Cemented Brown	74	86	
Gravels Med with Large Cobbles	86	95	
Clay Soft Brown	95	103	
Gravels Cemented Brown	103	115	
Clay Silty Course Light Brn	115	117	
Gravels Cemented Brown	117	135	
Gravels Med/Packed sand course	135	150	41'
Gravels Cemented Brown	150	170	
Sand Packed Fine Brown	170	172	
Clay Firm Med Gray	172	189	
Clay Med/Packed Sand Green	189	205	41'
Sand Fine Gray with wood	205	215	41'
Clay Soft with Sand Gray	215	232	
Sand Med Fine Gray with wood	232	245	41'
Clay Soft Gray	245	285	
Clay Soft Gray/Packed Sand Brn	285	300	
Clay Sticky Gray	300	312	

Date started 3-12-94 Completed 4-15-94

(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 Steve Hubbard 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 John R. [Signature] WWC Number 1483
Date 4-18-94