

16
STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

CLAC
19303

RECEIVED
JUN 23 1994

(START CARD) # 64444

15/4E/35

(1) OWNER: Well Number _____ WATER RESOURCES DEPARTMENT
Name Don Marjama Nursery
Address 11333 S.E. Bluff Rd
City Sandy State Or Zip 97055

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	55	cement	0	55	40
10	55	250	cement	55	240	90
95/8	250	540				
7 1/2	540	600				

How was seal placed: Method A B C D E
 Other pressure grout 250 up inside casing

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	+1	120	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	+1	540	.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) 10"-120' 8"-540'

(7) PERFORATIONS/SCREENS:
 Perforations Method air knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
380	420	1/8-2	1800			<input checked="" type="checkbox"/>	<input type="checkbox"/>
480	500	1/8-2	600			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
90		460	2hr.
80		460	1
70		460	3

Temperature of Water 53F Depth Artesian Flow Found _____
Water analysis done? Yes No By whom _____
Why strata contain water not suitable for intended use? Too little
 Muddy Odor Colored Other _____
Flow rate: 50-90 40-50GPM

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 1S N or S. Range 4E E or W. WM.
Section 35 1/4 _____ 1/4 _____
Tax Lot 2400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11333 S.E. Bluff Rd Sandy, Or 97055

(10) STATIC WATER LEVEL:
301 ft. below land surface. Date 5/23/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	90	40-50 GPM	30
380	500	70 GPM	301

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
top soil	0	1	
brown clay	1	21	
lightly cemented gravel	21	90	30
cemented gravel hard gray	90	171	
fine black cemented sand	171		
with clay streaks		356	
gray clay	356	360	
blue gray with sand	360	383	301
coarse sand w/clay seams	383	420	301
fine sand	420	460	301
med to coarse sand	460	500	301
blue clay	500	540	
blue clay w/seams of gray	540	600	

Date started 5-5-94 Completed 5-23-94

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well during the construction dates reported above. All work performed during this time 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 Don Marjama WWC Number 616
Date 5-24-94