

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

CLAC **CL9701970** **RECEIVED**

45/1E/27 ac

AUG 29 1988

(1) **OWNER:**
 Name WICHITA NURSERY
 Address 9413 S. HEINZ RD
 City CANBY State OR Zip 97013
 Well Number: _____

(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 346 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	1	20	CEMENT	1	20	
12	20	346				

How was seal placed: Method A B C D E
 Other METHOD C EXCEPT GRAMME
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 330 ft. to 346 ft. Size of gravel PEA

(6) **CASING/LINER:**

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12	0	313		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	10	305	336	.188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		344	346	.188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method 4-WAY DRIVE DOWN
 Screens Type _____ Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
336	344	12			12	<input 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
600		200	6

Temperature of water _____ 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:**
 WATER RESOURCES DEPT.
 County CLATSOP " Longitude _____
 Township 45 N or S, Range 1E E or W, WM.
 Section 27 NE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) **STATIC WATER LEVEL:**
38 ft. below land surface. Date July 26
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
167	189		40'
221	231		"
244	269		"
276	286		"

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
SOIL	1	3	
CLAY BROWN	3	8	
CLAY GREY SILT LAYERS	8	38	
CEMENTED GRAVEL	38	72	
CLAY GREY	72	85	
SAND & GRAVEL BROWN	85	91	
CLAY DARK GREY, SILTY	91	103	
SAND & GRAVEL, BLACK	103	113	
CLAY LT GREEN	113	120	
CLAY BROWN	120	128	
SANDSTONE BROWN	128	138	
CLAY BLUE	138	167	
CLAY GREY w/ SAND LAYERS	167	189	38
SMALL GRAVEL, SAND, CLAY	189	190	
CLAY BLUE GREEN	190	210	
CLAY GREEN	210	221	
SAND w/ SOME GRAVEL	221	231	38
CLAY GREEN	231	244	
SAND BLACK MED to COARSE	244	252	38
CLAY GREY	252	260	
SAND BLACK w/ SMALL GRAVEL	260	269	38
CLAY GREY	269	276	
SILT BLACK	276	286	

Date started JUNE 29 Completed 26 July 1988

(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 Richard Beck WWC Number 743
 Date 31 July 88

45/1e/27 ac

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AUG 29 1988

(1) OWNER: Name WICHITA NURSERY Well Number: Address City State 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 ft. Explosives used [] [] Type Amount

Table with columns: HOLE meter, SEAL Material, Amount sacks or pounds

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem at Time 1 hr.

Temperature of water 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 SALEM, OREGON Longitude Township N or S, Range E or W, WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

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

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation

Table with columns: Material, From, To, SWL

Date started Completed

(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 Signed Date

RECEIVED No. 3584

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

JUN 27 1988

WATER RESOURCES DEPT.
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address DAVE BROWN
9413 S HEINZ
CANBY, OR 97013

Proposed Commencement Date JUNE 29, 1988

Proposed Well Depth 300, Diameter _____, and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

Proposed Well Location: County CLACKAMAS
Township 4S (N or S) Range 1E (E or W) Section 27

At least 2 of these must be provided

- 1. SE 1/4 of NW 1/4 of above section
- 2. street address of well location 9413 S. HEINZ
CANBY, OR 97013
- 3. tax lot number of well location _____
- 4. attach approved map with location identified.
(see reverse of this form for approved maps)

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 and septic drain fields.

x James C Brown
Owner's Signature
President
Title
6/23/88
Date

x Richard J. Burk
Bonded Water Well Constructor
License No. 743
Company BECK 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.