

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

Clac
19777

RECEIVED

25/1E/15db

OCT - 5 1994

(START CARD) # 70533

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Well Number **02**

Name **Eric & Judy Eselius**
Address **18018 Skyland Circle**
City **Lake Oswego** State **Or.** Zip **97034**

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well **502** ft.
Explosives used Yes No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	19	Gran Bent	19	0	10 sacks
8"	19	505				

How was seal placed: Method A B C D E

Other **Granular Bentonite Placed Dry**

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: 8"	+1	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **None**

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
N/A							

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60		500	1 hr.
60		480	1/2 Hr

Temperature of water **58°** 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 **2 South** N or S Range **1 East** E or W. WM.
Section **15DB** NW 1/4 SE 1/4
Tax Lot **1002** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **18550 S. Whitten Ln**
West Linn, Or.

(10) STATIC WATER LEVEL:

246 ft. below land surface. Date **9-28-94**

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **260'**

From	To	Estimated Flow Rate	SWL
260'	299'	8	246
439'	458'	27	246
486'	500	25	246

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil Brown	0	5	
Basalt Brown Weathered	5	14	
Basalt Gray & Brown	14	46	
Basalt Gray	46	50	
Basalt Gray Porous w/White	50	55	
Basalt Gray	55	59	
Basalt Gray & Brown Broken	59	88	
Basalt Gray & Brown	88	142	
Basalt Gray	142	171	
Basalt Gray & Brown	171	222	
Basalt Gray	222	260	
Basalt Gray & Brown	260		
Semi-Fractured		299	246
Basalt Black	299	408	
Basalt Gray	408	439	
" Gray & Brown Porous & Frac	439	458	246
" Gray	458	486	
" Gray & Brown Porous & Frac	486	500	246
" Gray	500	505	

Date started **9-20-94** Completed **9-26-94**

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed *Marie D. Shyler* WWC Number **553** Date **9-28-94**

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed *Steven C. Bland* WWC Number **1592** Date **9-28-94**