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

16
CLAC
19833

OCT 21 1994

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 65259

(1) OWNER: Well Number 2
Name Steve Hoffman
Address 20197 S. Butte Road
City Beaver Creek State OR Zip 97004

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

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
10"	0	70	cement & bent	0	70	36
6"	70	239				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	70	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	0	239		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Skill Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	239	1/2 X 6				<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
110		230	1 hr.

Temperature of Water 57 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: 30-40

(9) LOCATION OF WELL by legal description:
County Clackamas Latitude _____ Longitude _____
Township 4 S N or S. Range 3 E E or W. WM.
Section 17 SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 26455 S. Beaver Creek Road

(10) STATIC WATER LEVEL:
95 ft. below land surface. Date 10-7-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30	40	4 GPM	20
210	230	110	95

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Silt brown	0	15	
Silty sand brown frac.	15	17	
Silt and basalt gray frac.	17	20	
Valcantic lava gray	20	30	
Cinders red/basalt	30	40	
Cinders red	40	57	
Lava gray/cinders	57	63	
Lava gray hard	63	70	
Lava gray frac.	70	100	
Cinders red	100	115	
Lava gray hard	115	138	
Lava gray med	138	210	
Basalt gray med	210	215	WB
Brown lava stone	215	230	
Claystone brown	230	239	

Date started 10-04-94 Completed 10-6-94

(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. Material used and information reported above are true to my best knowledge and belief.
Signed [Signature] WWC Number 1633
Date 10-17-94

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] WWC Number 1358
Date 10-17-94