

#14

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

CLAC
2007

MAR 11 1991

(START CARD) # 22255

(1) OWNER:

Name Gladys Sailer
Address 10235 S Hwy 211
City Carby State Or Zip 97013

Well Number: 10235

(9) LOCATION OF WELL by legal description:

County Clack. Latitude _____ Longitude _____
Township 5S N or S, Range 1E E or W, WM.
Section 11 SW 1/4 Nw 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10235 S Hwy 211
Carby, Or.

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	22	cement	0	22	34 sacks
8"	22	220				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 8"	+18"	178	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner: 7"OD	160	220	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) 178'

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	200	1/4 X 6"	40			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min 250 Drawdown _____ Drill stem at 215 Time 1 hr.

Temperature of water 54 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: _____

(10) STATIC WATER LEVEL:

49 ft. below land surface. Date 3/1/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 45'

From	To	Estimated Flow Rate	SWL
49	76	5 GPM	20
178	201	250 GPM	49

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay, sand, brown, fine	2	16	
Clay, blue	16	23	
Gravel, compacted	23	35	
Clay, sand, brown, fine	35	49	
Gravel, compacted	49	76	20
Clay, sand, brown, fine	76	82	
Clay, sand, blue, fine	82	90	
Gravel, compacted	90	96	
Clay, sand, brown, fine	96	119	
Gravel, compacted	119	123	
Clay, sand, brown, medium	123	129	
Clay, blue	129	140	
Clay, brown	140	171	
Sand, black, fine	171	175	
Clay, blue	175	178	
Sandstone, black, fractured	178	201	49
Clay, blue	201	220	

Date started 2/15/91 Completed 3/1/91

(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 Robert O Kern WWC Number 1277 Date 3/8/91

(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 George J Wainwright WWC Number 637 Date 3/8/91