

RECEIVED

FEB - 6 1995

100
CLAC
20074

4/5/1E/298

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

WATER RESOURCES DEPT.

(START CARD) # 55406

SALEM, OREGON

(1) OWNER:

Well Number _____
Name Colony Nursery
Address 28889 S. Needy Rd.
City Canby State Or Zip 97013

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
8	1	25	Bentonite	1	25	18 sacks
8	25	153				

How was seal placed: Method A B C D E
 Other granular bentonite method

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	0	144	25	<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) 144

(7) PERFORATIONS/SCREENS:

Perforations Method Drive Down
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
12	140	188	350			<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
		air line @	1 hr.
140		144	4 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: _____

(9) LOCATION OF WELL by legal description:

County CLACKAMAS Latitude _____ Longitude _____
Township 45 N or S. Range 12 E or W. WM.
Section 29 1/4 22 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
same

(10) STATIC WATER LEVEL:

48 ft. below land surface. Date Jan 4, 1995
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
40	153		48

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	1	3	
Clay, Brown	3	35	
Clay, Grey	35	49	
Cemented Gravel, Brown	49	50	
Clay, brown, sandy	50	89	
Clay, grey	89	108	
Clay, grey sandy	108	115	
Gravel, brown	115	122	
Cemented gravel	122	128	
Clay, blue, sandy	128	138	
Clay, blue	138	153	

RECEIVED

JUN 21 1995

WATER RESOURCES DEPT.
SALEM, OREGON

Date started Nov 3 Completed Jan 4, 1995

(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 747

Signed Richard Buh Date Jan 31, 95