

RECEIVED
 SEP 20 1961
 CLAC 2027

WATER WELL REPORT

File Original and
 First Copy with the
 STATE ENGINEER,
 SALEM, OREGON

State Well No. 5/W-1
 State Permit No. _____

CLAC
 02027

(1) OWNER:
 Name Eddie Owings
 Address Rte 1
Hubbard, Oregon

(2) LOCATION OF WELL:
 County Clackamas Owner's number, if any—
1/4 Section 1 T. 59 R. 1W W.M.
 Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):
 New Well Deepening Reconditioning Abandon
 * abandonment, describe material and procedure in Item 11.

(*) PROPOSED USE (check):
 Domestic Industrial Municipal
 Irrigation Test Well Other

(5) TYPE OF WELL:
 Rotary Driven
 Cable Jetted
 Dug Bored

(6) CASING INSTALLED:
6 " Diam. from 0 ft. to 132 ft. Threaded Welded
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:
 Perforated? Yes No
 Type of perforator used _____
 SIZE of perforations in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

(8) SCREENS:
 Well screen installed Yes No
 Manufacturer's Name _____
 Model No. _____
 Slot size _____ Set from _____ ft. to _____ ft.
 Diam. Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.
 Was a surface seal provided? Yes No To what depth? 2.2 ft.
 Material used in seal— Bentinite Mud
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(10) WATER LEVELS:
 Static level 61 ft. below land surface Date 10/6/61
 Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by:
 [Signed] Eddie Owings Date September 10, 1961
 (Owner)

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? driller
 Yield: 100 gal./min. with 115 ft. drawdown after 3 hrs.
 " " " " " " " " " " " " " " " " "

Bailer test gal./min. with _____ ft drawdown after _____ hrs.
 Artesian flow g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well 6 inches.
 Depth drilled 132 ft. Depth of completed well 132 ft.
 Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

| MATERIAL | FROM | TO |
|---------------------------|------|-----|
| Surface | 0 | 4 |
| Brown sandy clay | 4 | 31 |
| Blue clay | 31 | 46 |
| Brown sandy clay | 46 | 65 |
| Sand | 65 | 70 |
| Broken sand and gravel | 70 | 73 |
| Sandy brown broken gravel | 73 | 75 |
| Gravel | 75 | 79 |
| Brown sand clay | 79 | 92 |
| Brown clay | 92 | 101 |
| Gray sandy clay | 101 | 118 |
| Black sand | 118 | 126 |
| Gravel | 126 | 132 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Work started September 4, 1961 Completed September 16, 61

(13) PUMP:
 Manufacturer's Name _____
 Type: _____ H.P. _____

Well Driller's Statement:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
 NAME John Truman Miller
 (Person, firm, or corporation) (Type or print)
 Address P O Box 42 Hubbard, Oregon
 Driller's well number _____
 [Signed] John Truman Miller
 (Well Driller)
 License No. 277 Date September 10, 1961

CLAC 2027



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

RECEIVED

JUL 22 2022

Do not complete if the well already has a Well Identification Number.

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Brant Walker
Mailing Address: 30519 S Meridian RD
City, State, Zip: Hubbard, OR 97032
Mail Well ID to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 5S (North / South) Range: 1W (East / West) Section: 1 NE 1/4 of the SW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 700 County Clackamas
GPS Coordinates: 45.165131 -122.754137
Street Address of Well, City: 30519 S. Meridian Rd., Hubbard, OR 97032
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic and irrigation
Date Well Constructed (or property built): 1961 Total Well Depth: 132 feet Casing Diameter: 6 inch
Owner at time the well was constructed (if known): E. Owings Well Report # (if known): CLAC 2027
Other Information: permit G 16605

SUBMITTED BY (please print): Brant Walker
PHONE: 503-266-8733 EMAIL &/or FAX: brant@supertrees.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-22-22

Well Report Number:

CLAC 2027

Well Identification #:

L-146947