

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

**RECEIVED**  
**CLACKAMAS 20344**  
**JUN 21 1995**

Page 1 of 2 3s/1e/30  
 (START CARD) # 79230 bc

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

SALEM, OREGON

(1) OWNER: Well Number 2

Name TOM THOMSEN  
 Address 25355 N.E. GLASS RD.  
 City AURORA State OR Zip 97002

(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 120 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14 3/4"	0	90	cement	0	30	17 sks.
10"	90	120	drill gel	30	70	-----
			cement	70	90	11 sks.
8"	120	363	see #12			13 sks.

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: 10"	+1	91	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	83	92	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 8"	98	104	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	116	120	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type slotted Material stainless steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
92	98	.050		8"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
104	116	.030		8"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
130	25'		4hr.

Temperature of water 53° F 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 3S N or S Range 1E E or W. WM.  
 Section 30 SW 1/4 NW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Tom Thomsen  
25355 N.E. Glass Rd., Aurora, 97002

(10) STATIC WATER LEVEL:  
50' ft. below land surface. Date 6-14-95  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 92'

From	To	Estimated Flow Rate	SWL
92	98	-----	50'
105	116	130 gpm	50'

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Soft brown silty clay	1	16	
Soft brn. sandy clay w/sand seams	16	31	
Fine sand w/occ. pea gravel	31	40	
Brown clay	40	44	
Fine gray-brown sand w/clay streaks	44	64	
Fine gray-blk. & brn. sand	64	85	
Gray-brown silty clay	85	92	
Coarse gravel w/sand	92	98	50'
Sticky blue-gray clay	98	105	
Fine-coarse blk. sand w/pea gravel	105	116	50'
Sticky gray & gray-brn. clay	116	190	
Sticky blue-gray clay	190	194	
Soft gray clay w/occ. sand seams	194	243	
Sticky gray clay w/silty streaks	243	363	

Date started 6-2-95 Completed 6-14-95

(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.  
 WWC Number 1492  
 Signed Melvin Bigsby Date 6-16-95

(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.  
 WWC Number 1266  
 Signed [Signature] Date 6-16-95





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

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FEB 09 2021

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): Robert Gabriel
Mailing Address: 8474 Hazelgreen Rd NE
City, State, Zip: Silverton, OR 97381
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: 3S (North / South) Range: 1E (East / West) Section: 30 SW 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 1100 County Clackamas
GPS Coordinates:
Street Address of Well, City: 15750 Browndale Farm Rd, Aurora
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): Irrigation
Date Well Constructed (or property built): June 14, 1995 Total Well Depth: 120 feet Casing Diameter: 10 inch
Owner at time the well was constructed (if known): Tom Thomsen Well Report # (if known): CLAC 20344
Other Information:

SUBMITTED BY (please print): Robert Gabriel
PHONE: (503) 873-1200 EMAIL &/or FAX: patty5@oblueberry.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:
Received Date: 2-9-21 Well Report Number: CLAC 20344 Well Identification #: L 141719