

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97310
within 30 days from the date
of well completion.

RECEIVED
CLAC 205A
STATE OF OREGON
CLAC 02054
MAY 31 1977
Do not write above this line

State Well No. 55/1w-11dc
State Permit No. _____

(1) OWNER:

Name Mrs. Ida L. Bent
Address 871 Oregon Way
Woodburn, Ore. 97071

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
6" Diam. from 0 ft. to 75 ft. Gage 250
" Diam. from " ft. to " ft. Gage _____
" Diam. from " ft. to " ft. Gage _____

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.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? driller
d: 32 gal./min. with 10 ft. drawdown after 2 hrs.
" " " " " "
" " " " " "
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
Temperature of water 54 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used Bentonite
Well sealed from land surface to _____ ft.
Diameter of well bore to bottom of seal _____ 10 _____ in.
Diameter of well bore below seal _____ 6 _____ in.
Number of sacks of cement used in well seal _____ 4 _____ sacks
How was cement grout placed? _____

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____

Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Clockamas Driller's well number 19
SW 1/4 SE 1/4 Section 11 T. 5S R. 1W W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 39 ft.
Static level 32 ft. below land surface. Date 5-27-77
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____ 0 _____
Depth drilled 75 ft. Depth of completed well 75 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Top Soil	0	2	
Clay, brown	2	24	
Clay, blue	24	39	
*Sand, brown, med.	39	45	
Clay, brown	45	62	
Sand, brown	62	72	
*Gravel, sand, brown, med.	72	75	

Work started 5-27 19 77 Completed 5-28 19 77
Date well drilling machine moved off of well 5-28 19 77

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Bob K... Date 5-28, 1977.
(Drilling Machine Operator)
Drilling Machine Operator's License No. 994

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name B. & G. Drilling
(Person, firm or corporation) (Type or print)
Address 10030 S. Mackshurg Rd. Canby, Ore. 97013
[Signed] Gary J. ...
(Water Well Contractor)
Contractor's License No. 637 Date 5-28, 1977

WELL IDENTIFICATION FORM

CLAC 2054

Owner's Well Number: _____

CURRENT WELL OWNER: _____

Phone _____

Name: Glenn Woods

COMPLETED

Mailing Address: 4761 S. Killins Loop

City: Woodburn

State: OR

Zip: 97071

WELL LOCATION: CLAC 2054

County: Clarkamas

Latitude: _____

Longitude: _____

Township: 5 S N or S, Range: 1 W E or W Section: 11 1/4 1/4

Tax Lot Number: 401

Street Address of Well (if different from above): _____

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

RECEIVED

(Office use only)

Well Identification Number: _____

DEC 18 1998

WELL I.D.# 30546

WATER RESOURCES DEPT.
SALEM, OREGON