

CLAC  
20566

RECEIVED

OCT - 5 1995

055102E/000 AA

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

WATER RESOURCES DEPT.  
GALLEM, OREGON

(START CARD) # 75912

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

(1) OWNER: Well Number \_\_\_\_\_  
Name John Squirev.  
Address 30249 S. Meridian Rd.  
City Hubbard State Ore. Zip 97032

(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			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Benckite	0	18	11 Sacks.

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: 6"	+1	120	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

  

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
25 gpm	15		2 hrs.

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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Clackamas Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5 S. N or S Range 2 E E or W. WM. \_\_\_\_\_  
Section 4 NE 1/4 NE 1/4  
525060035 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 13000 S. BARNES RD. Molalla, Oregon 97038

(10) STATIC WATER LEVEL:  
47 ft. below land surface. Date 9-15-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 110.

From	To	Estimated Flow Rate	SWL
110	120	25 cfm	47

(12) WELL LOG:

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

Material	From	To	SWL
Soil Brown	0	4	
Clay - Brown - w. Gravel	4	57	
Clay - Brown - Griddy.	57	90	
Clay - Brown - Sandy	90	110	
GRAVEL - Brown.	110	120	
W/B			47'

Date started 8-28-95 Completed 9-15-95

(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.  
WVC 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
WVC Number 1593  
Signed [Signature] Date 10/2-95

75960 tag lost

**RECEIVED** Official Use Only by The Oregon Water Resources Department:  
 Received Date: JAN 12 2005  
 County Well Log ID # CLAC 20566 Well Identification Tag # L-75960  
 WATER RESOURCES DEPT. SALEM, OREGON

tag lost replaced with L-79685

**APPLICATION FOR WELL IDENTIFICATION TAG**

79685

**LANDOWNER INFORMATION** (This well is well # 1 of 1 wells on the property)

Current Landowner's Name: PLEASE PRINT Nadine Newman  
 Mailing Address: 13000 South Barnards Rd.  
 City: Molalla State: OR Zip: 97038 Phone #: \_\_\_\_\_

Mail Well Tag to (if other than above address): 13000 South Barnards Rd.  
Molalla OR 97038  
 (Note: If this is a shared well please see instructions)

**WELL LOCATION INFORMATION** (May also be referred to by County Assessor as the "Map Number")

Township #: 05 North or South (circle one) Range #: 02 (East or West (circle one), Section #: 06  
 Tax Lot #: 303 1/4 1/4 (if known) County: Clackamas  
 Street Address of Well: 13000 South Barnards Rd.  
Molalla OR 97038

**WELL INFORMATION (Do not complete if well report is attached. Information on locating well reports is enclosed)**

Type of Well (i.e. domestic, irrigation, etc): \_\_\_\_\_ Date Well Constructed: \_\_\_\_\_  
 Well Constructor/Company: \_\_\_\_\_  
 Well Depth (in feet): \_\_\_\_\_ Diameter of Well Casing (in inches): \_\_\_\_\_  
 Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): \_\_\_\_\_

Other Information: \_\_\_\_\_

Mail form to: Janet Halladay, Well Identification Program  
 Oregon Water Resources Department  
 725 Summer St. NE, Suite A  
 Salem, OR 97301-1271 or fax to 503-986-0902.