

SEP 26 1990

CLAC 221  
221

45/3E/9 ca

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

WATER RESOURCES DEPT.  
SALEM, OREGON

(START CARD) # 24240

(1) OWNER:

Name Robert Hoffman Well Number: \_\_\_\_\_  
Address 20374 S. Butte Rd.  
City Beaverton State OR Zip 97004

(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 406' ft.  
Yes No    
Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	39	Granular	0	25+	24 bags
			#8 Bentonite			

How was seal placed: Method  A  B  C  D  E

Other Backfill

Backfill placed from 0 ft. to 25+ ft. Material Bentonite #8  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel Granular

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	34	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	5"	0	406	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method Air perforator

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
403	360	1/4"	150			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
38		405	1 hr.

Temperature of water \_\_\_\_\_ 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 4 N or S, Range 3E E or W, WM.  
Section 9 NE 1/4 SW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 20197 S. Butte Rd.  
Beaverton, OR 97004

(10) STATIC WATER LEVEL:

197' ft. below land surface. Date 9-20-90  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 362'

From	To	Estimated Flow Rate	SWL
362	392	38 gpm	197

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top soil red	0	2	
Clay soft silty red w/ boulders	2	17	
Basalt grey hard	17	29	
Basalt grey broken	29	32	
Basalt grey hard	32	56	
Basalt grey broken	56	61	
Lava red soft	61	67	
Basalt grey medium	67	91	
Lava red soft	91	102	
Basalt grey soft	102	128	
Lava grey red vesicular	128	136	
Basalt grey hard	136	141	
Cinders red soft	153	158	
Lava red grey broken vesicular	158	171	
Cinders red soft	171	182	
Basalt grey hard	182	269	
Lava visicular red grey w/ seams of soft red clay	269	282	
Basalt grey medium	282	296	
Basalt grey vesicular w/ streams of clay red soft	296	305	
Basalt grey hard	305	362	

Date started 9-7-90 Completed 9-20-90

(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.

Signed David R. A. [Signature] WWC Number 1487  
Date 9-21-90

(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.

Signed [Signature] WWC Number 723  
Date 9/21/90

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

Hoffman Well

(START CARD) #

(1) OWNER:

Name, Address, City, State, Zip, Well Number

(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, Depth of Completed Well, Explosives used

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds

How was seal placed: Method A, B, C, D, E

Backfill placed from, Gravel placed from

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method, Screens Type, Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water, Depth Artesian Flow Found, Was a water analysis done, Did any strata contain water not suitable for intended use, Depth of strata

(9) LOCATION OF WELL by legal description:

County, Latitude, Longitude, Township, N or S, Range, E or W, WM, Section, Tax Lot, Lot, Block, Subdivision, Street Address of Well

(10) STATIC WATER LEVEL:

ft. below land surface, Date, Artesian pressure, lb. per square inch, Date

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:

Table with columns: Material, From, To, SWL

Date started 9-7-90, Completed 9-20-90

(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.

Signed Daniel A. Stueck, WWC Number 1487, 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.

Signed, WWC Number 723, Date



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED

JUL 25 2016

WATER RESOURCES DEPT
SALEM, OREGON

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

I. OWNER INFORMATION

Current Owner Name (please print): Margaret L Hoffman, Trustee
Mailing Address: 20197 S. Butte Rd.
City, State, Zip: Beavercreek Or, 97004
Mail Well ID Tag to: [X] SAME AS ABOVE [ ] In Care Of (C/O)
Name & Address: [ ] In Person
City, State, Zip:

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

Township: 4S (North / South) Range: 3E (East / West) Section: 9 NW 1/4 of the SW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 01400 County Clackamas
GPS Coordinates:
Street Address of Well, City: 20197 S. Butte Rd., Oregon City
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 Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Nursery
Date Well Constructed (or property built): 9-20-90 Total Well Depth: 2400' Casing Diameter: 6"
Owner at time the well was constructed (if known): Robert Hoffman Well Log # (if known): CLAC 221
Other Information:

SUBMITTED BY (please print): Danny J Baldwin
PHONE: 253-307-3180 EMAIL &/or FAX: dannydbaldwin@msn.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:

7-25-16

Well Log Number:

CLAC 221

Well Identification #:

L-123476