

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

CLAC
 02616

58/12/22 de

START CARD # 9967

(1) OWNER: Well Number: _____
 Name Elmer Lucht Farms
 Address 9918 S. Gibson Rd
 City Molalla State OR Zip 97038

(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
 Geothermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 345 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From	To	Material	SEAL		Amount sacks or pounds
				From	To	
2"	0	264	cement	264	0	164 sacks
8"	264	345				

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: 8"	+2	264	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	254	345	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory-Swift Pipe Co.
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
264	345	1/8"		6"		<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
300		340	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 Clack. Latitude _____ Longitude _____
 Township 5S N or S, Range 1E E or W, WM.
 Section 22 SW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1/2 mile E. of Krof Rd. on Gibson Rd. S. Molalla, Oregon

(10) STATIC WATER LEVEL:
 _____ 70 _____ ft. below land surface. Date 5-11-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
304	309	150 gpm	70
320	326	150 gpm	70

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	22	
Clay grey silty w/ very fine cravels	22	34	
Clay grey sticky	34	76	
Green & grey clay w/ wood innerbeds	76	227	
Cap rock all colors	227	257	
Basalt hard black	257	268	
Clay yellow & grey	268	272	
Basalt grey	272	282	
Basalt withd. all colors	282	293	
Basalt grey hard	293	304	
Basalt black frac.	304	309	
Basalt black & grey	309	320	
Basalt blk. porous	320	322	
Basalt grey hard	322	323	
Basalt black porous	323	326	
Basalt black & grey	326	330	
Basalt grey hard	330	345	

Date started 4-28-89 Completed 5-11-89

(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 John R. Stahl WWC Number 1483
 Date 5-11-89

(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 Chad WWC Number 723
 Date 5-11-89