

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

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CLAC

55/E-28ba

JUL 10 1987

(1) OWNER:

Name Mike Gasner Farms
Address 8418 S. Gibson Rd.
City Molalla, Or 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
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Construction approval Yes ☐ No ☐ Depth of Completed Well 510 ft.
Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	40	5 CMT	405	380	15
12	380	40	NTV MTL			
12	0	40	Bent	0	40	22 dry#8

How was seal placed: Method ☐ A ☒ B ☒ C ☐ D ☐ E

☒ Other pored in top seal dry

Backfill placed from 40 ft. to 380 ft. Material Native-NTV

Gravel placed from NA ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	+1	405	1/4"	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner: NA				☐	☐	☐	☐
				☐	☐	☐	☐

Final location of shoe(s) NA

PERFORATIONS/SCREENS:

☐ Perforations Method NA
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NA						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
450-500		510	1 hr.

Temperature of water NA Depth Artesian Flow Found NA

Was a water analysis done? ☒ Yes By whom Water Lab-Salem

Did any strata contain water not suitable for intended use? ☒ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata: upper sands-clays, gravels

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude _____ Longitude _____
Township T5S N or S, Range 1E E or W, WM.
Section 28 NE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as owner

(10) STATIC WATER LEVEL:

96.5 ft. below land surface. Date 6-1-87
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found		Estimated Flow Rate		SWL
From	To			
40	50	25		20
75	85	75		31
110	125	25		31
260	285	25		?

(12) WELL LOG:

Ground elevation NA

Material	From	To	SWL
Top soil med brn	0	2	
Clay med brn	2	40	
Sand med fine brn	40	50	
Clay med brn	50	75	
Sand blk fine	75	85	
Clay grey sandy	85	110	
Sand blk fine	110	125	
Clay med grey	125	130	
Clay med blue	130	142	
Claystone med blue	142	150	
Clay sticky grey	150	261	
Sand grey med	261	285	
Clay sticky gry	285	380	
Clay med brn	380	400	
Sandstn med brn	400	416	
Claystn grn-wht	416	420	
Basalt med fract blk	420	451	H2O
Basalt hard gry-blk	451	485	H2O
Basalt med fract	485	490	H2O
Basalt visic blk	490	510	H2O

Date started 5-14-87 Completed 6-1-87

(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 J. M. C. WWC Number _____
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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Chick WWC Number 723
Date 6-9-87