

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

#14

OCT 24 1990

CIAC
278

3S/1E/19 ab

S.C.# 24477

WATER RESOURCES DEPARTMENT

(1) **OWNER:** Well Number: #11111
 Name William Kaiser--Sandellie Golf Course
 Address 28333 SW Mountain Rd.
 City West Linn, State OR Zip 97068

(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 374 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
4"	0	159	Cement	0	159	51 sacks
4"	159	374	_____	_____	_____	_____

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:	10	+1	159	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 700 Drawdown _____ Drill stem at 374 Time 1 hr.

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 3S N or S, Range 1E E or W, WM. _____
 Section 17 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 28333 SW Mountain Rd.
West Linn, OR 97068

(10) **STATIC WATER LEVEL:**
117 ft. below land surface. Date 10-5-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 220'

From	To	Estimated Flow Rate	SWL
217	318	300 gpm	117
318	323	100 gpm	117
333	342	100 gpm	117
353	366	200 gpm	117

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Top soil	0	4	
Clay brown soft	4	23	
Clay brown sticky	23	42	
Decomposed rock brown	42	52	
Clay brown	52	68	
Rock brown medium	68	96	
Claystone soft yellow-brown	96	108	
Sandstone grey	108	119	
Basalt grey medium	119	144	
Basalt grey hard	144	171	
Basalt weathered grey	171	182	
Basalt weathered & pourous	182		
brown		191	
Basalt grey weathered hard	191	207	
Basalt grey hard	207	217	
Basalt grey brown weathered & pourous	217		
		224	
Basalt red hard	224	234	
Basalt red pourous	234	238	
Basalt grey brown hard	238	241	
Basalt red pourous	241	251	
Basalt weathered hard	251	265	
Continued on next page...			

Date started 10-1-90 Completed 10-5-90

(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 Dustin B. Stadel WWC Number 1358
 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 _____ WWC Number 723
 Date _____

OCT 24 1990

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

WATER RESOURCES DEPT.
SALEM DIVISION

(START CARD) # _____

(1) OWNER: Well Number: #1
Name William Kaiser--Sandellie Golf Course
Address Continued from last page...
City _____ State _____ Zip _____

(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 _____ ft.
Explosives used Yes No _____ Type _____ Amount _____

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds

Diameter	From	To	Material	From	To	Amount

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of sheets) _____

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			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 _____ Latitude _____ Longitude _____
Township _____ N or S. Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Continued from last page...			
Basalt grey hard	265	268	
Basalt grey weathered hard	268	277	
Basalt grey hard	277	284	
Basalt brown pourous	284	286	
Basalt red	286	288	
Basalt grey pourous	288	298	
Basalt grey hard	298	318	
Basalt pourous	318	323	WB
Basalt grey hard	323	333	
Basalt pourous brown	333	342	WB
Basalt grey hard	342	353	
Basalt pourous brown	353	366	
Basalt weathered hard	366	374	

Date started 10-1-90 Completed 10-5-90

(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 _____ WWC Number 1358
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 _____ WWC Number 723
Date _____