

#16
STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

CIAC
 279

OCT 24 1990

3511E/17ab

WATER RESOURCES DEPT. (START CARD) # 24861

(1) OWNER: Well Number: #2
 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:
 Special Construction approval Yes No Depth of Completed Well 397 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12	0	139	Cement	0	139	51 sacks
8	139	397				

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
8	+1.5	159	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

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"/>
						<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
400		397	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:
 123 ft. below land surface. Date 10-10-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 232

From	To	Estimated Flow Rate	SWL
226	236	40 gpm	123
268	397	400 gpm	123

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay brown hard	2	6	
Clay brown medium	6	22	
Pea gravel	22	26	
Clay brown medium	26	45	
Clay with gravels	45	62	
Clay tan medium	62	71	
Basalt weathered medium	71	108	
Clay brown	108	116	
Basalt weathered brown	116	132	
Basalt grey hard	132	189	
Basalt weathered brown & grey	189	215	
Basalt grey slightly weathered	215	222	
Basalt weathered brown med-hard	222	226	
Basalt red	226	236	
Basalt brown weathered hard	236	240	
Basalt grey hard	240	260	
Basalt weathered hard	260	268	
Basalt red weathered	268	273	
Basalt brown weathered	273	278	
Basalt grey weathered	278	285	
Basalt black w/ fractures	285	291	
Continued on next page...			

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

(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 *D. B. Sandellie* 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 *[Signature]* WWC Number 723
 Date _____

