

#16

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

CLAC
2943

RECEIVED

MED 27 1001 (START CARD) # W-20337

25/3E/8 CC

(1) OWNER: Well Number: 2-91
Name Burton Anderson
Address 16020 SE Keller Rd.
City Clackamas State OR Zip 97015

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	63	Bentonite	0	25	295
8	63	214				

How was seal placed: Method A B C D E
 Other Bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded		
Casing:	8	+1	190	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"/>
Liner:	6	174	214	250	<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"/>

Final location of shoe(s) 190 ft.

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
175	213	1/8	136			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 65 Drawdown 51 Drill stem at _____ Time 4 hrs.

Temperature of water 53° 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 23 N or S, Range 3E E or W, WM.
Section 8 SW SW SW SW
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 16020 SE Keller Rd. Clackamas, OR 97015

(10) STATIC WATER LEVEL:
97 ft. below land surface. Date 2-27-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 122 ft.

From	To	Estimated Flow Rate	SWL
122	146	42 gpm	97
203	213	55 gpm	97

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay - brown	0	7	
Boulders - clay	7	63	
Cement gravel	63	122	
Gravel	122	146	97
Clay - gray	146	159	
Clay - blue	159	173	
Clay - gray	173	203	
Sand - coarse - black	203	213	97
Clay - gray	213	214	97

Date started 2-4-91 Completed 2-28-91

(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 Steinman Bros. Dr. Co. 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 Ronald McLeod WWC Number 1 Date 3-25-91