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

APR 30 1990

CLAC 030
(START CARD) #

(1) OWNER: **BEN FOX**
Name: **BEN FOX**
Address: **7028 SE. Renoda St.**
City: **MILWAUKIE** State: **OR.** Zip: **97267**

Well Number: **WATER RESOURCES DEPT. SALEM, OR. COUNTY: CLACK**

(9) LOCATION OF WELL by legal description:
County: **CLACK** Latitude: _____ Longitude: _____
Township: **2-S** N or S, Range: **3-E** E or W, WM.
Section: **14** 1/4 _____ 1/4 _____
Tax Lot: **962** Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address): **Hwy 224 Barton OR.**

(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 **205'** ft.
Explosives used Yes No Type **NO** Amount _____

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds
10" 0 28 Cement grout 0 28 21 sacks
6" 28 215

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material **NO**
Gravel placed from _____ ft. to _____ ft. Size of gravel **NO**

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: **6" +18" 189 250**
Liner: **4" -10' 215 189**

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method **STW**
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner
200 215 1/8 200 4" 6"

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min **18 GPM** Drawdown **12 FT** Drill stem at **DD AFTER 4 HRS.** Time _____

Temperature of water **52** Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom **NO**
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other **NO**
Depth of strata: **NO**

(10) STATIC WATER LEVEL:
65' ft. below land surface. Date **4/1/90**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **200 FT**

From	To	Estimated Flow Rate	SWL
200 FT	210 FT	20 GPM	85'

(12) WELL LOG: Ground elevation **600 FT**

Material	From	To	SWL
TOP SOIL	0	2	0
CLAY & Boulder	2	18	0
CLAY STONE BLUE	18	176	0
CLAY STONE GRAY	176	200	0
SAND WATER BEARING	200	210	65'
CLAY STONE BLUE	210	215	65'

Date started **2/24/90** Completed **3/10/90**

(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 _____ 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 **Brad Burt** WWC Number **755**
Date **4/1/90**