

MAY 03 1990

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

WATER RESOURCES DEPT.
SALEM, OREGON

CLAC 039 45/1W/1dd
(START CARD) # 16748

(1) OWNER: Well Number: _____
Name Sid Miles
Address 7285 S. Lone Elder Rd
City CANBY State OR Zip 97013

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	1	23	GRANULAR BENTONITE			30
10	23	150				

How was seal placed: Method A B C D E
 Other GRANULAR BENTONITE METHOD
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 128 ft. to 133 ft. Size of gravel PEA

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	0	148	.25	<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) 141

(7) PERFORATIONS/SCREENS:

Perforations Method 4-WAY DRIVE DOWN
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
129	141	1/8x1	650			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Lift Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200	25'	AIRLINE @ 126	1 hr.
	MEASURED		
	IN 6" WELL		

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 CLACKAMAS Longitude _____
Township 45 N or S, Range 1W E or W, WM.
Section 1 SE 1/4 SE 1/4
Tax Lot 2700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 30821 S. MERIDIAN, Hubbard, OR

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date APR 20, 1990
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 38

From	To	Estimated Flow Rate	SWL
77	85		
118	141		68

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	1	4	
SILT BROWN	4	9	
CLAY BROWN	9	26	
CLAY SILTY BROWN	26	30	
SAND/SILT BROWN	30	38	
SAND BROWN	38	45	
CLAY SILTY BROWN	45	54	
CLAY GREY STICKY	54	74	
CLAY GREY w/ BLACK SAND	74	77	
CEMENTED GRAVEL BROWN	77	85	
CLAY BROWN	85	89	
CLAY GREY	89	102	
DARK SILT & BLACK SAND	102	105	
CLAY DARK BLUE STICKY	105	114	
CLAY LT GREY	114	118	
SAND BLACK few Rocks	118	129	
GRAVEL GREENISH BLACK	129	137	
SAND & GRAVEL	137	141	
CLAY BLUE GREEN	141	150	

NOTE: SIDE DRILLED w/ 6" x .250 wall to 130' GRAVEL FEED TUBE.

Date started MAR 28 Completed APRIL 20, 1990

(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.
WWC Number _____
Signed _____ 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.
WWC Number 743
Signed Richard Beck Date April 21, 1990