

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

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 CLAC 04119

25/2E-15dc

WATER RESOURCES DEPT.

(1) OWNER: Clackamas County, Oregon
 Name Clackamas County, Oregon
 Address P. O. Box 2, O'Hara Hall
 City Marylhurst State Oregon Zip 97036

OWNER'S WELL by legal description:
 County Clackamas Latitude _____ Longitude _____
 Township 2-South N or S, Range 2-East E or W, WM.
 Section 15 S.W. 1/4 S.E. 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 15514 S. Clackamas Drive, Clackamas County, Oregon City, OR 97045

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Other

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 8-27-86
 Artesian pressure _____ lb. per square inch. Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(11) WELL LOG: Ground elevation _____

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well 101 ft.
 Special Standards date of approval _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
inch	0	101	Grout	0	30	16 sacks

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:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					□	□	□	□	□	□	□	□
Casing: 6-inch	41	95	.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"/>
Liner: 4-inch	91	101	.188	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
5	100	1/8	16			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

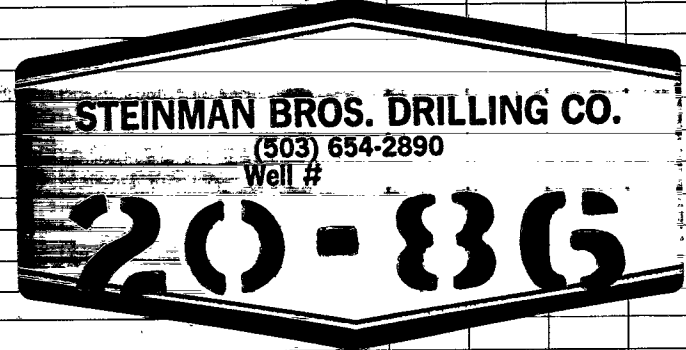
Yield gal/min	Pumping level	Drill stem at	Time
20 gpm	41 feet		1/4 hr
30 gpm	52 feet		1 hr
40 gpm	65 feet		3 hours
50 gpm	74 feet		8 hours

Temperature of water 53° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom Agua-tech Lab., Inc.
 Coliform Membrane Filter Test
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____

Depth of strata: _____

Material	From	To	WB?	SWL
Silty clay; brown	0	15		
Cemented gravel & cobbles	15	32		
Loose gravel & cobbles	32	91		
Clay; brown, sticky	91	93		
Sandstone; brown	93	101	50	33



* Youth Adventures Residential Treatment Facility Water Well Improvements Project
 federally funded by U. S. Department of Housing and Urban Development through Clackamas County Department of Human Resources, Community Development Division, P. O. Box 2, O'Hara Hall, Marylhurst, Oregon 97036; Doug Youngsma, Community Development Specialist/Project Manager.

Date started August 18, 1986 Completed August 28, 1986

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed Ronald F. McConnell Date August 31, 1986
 Company Steinman Bros. Drilling Co. Job No. 20-86
 Oregon Well Constructor's Lic. #1 9809C 10/85