

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

CLAC
20080

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DEC - 1 1995

(START CARD) # 78608

Instructions for completing this report are on the last page of this form WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER:

Well Number _____
Name Gary & Carolyn Postlewait
Address 29411 S. Barlow Rd.
City Canby State OR Zip 97013

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 351 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	90	Holeplug	0	18	37 sacks
16"			Quik gel	18	80	12 sacks
16"			cement	80	90	17 sacks
12"	90	351				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 90 ft. to 351 ft. Size of gravel pea rock

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+2'	94'	.250	<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) 94'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
+3'	94'			10"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
94'	100'	.065		10"	screen	<input type="checkbox"/>	<input type="checkbox"/>
100'	108'			10"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
108'	115'	.065		10"	screen	<input type="checkbox"/>	<input type="checkbox"/>
115'	156'			10"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
156'	165'	.065		10"	screen	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour CON't.

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500	74'	4 1/2 Hr.	S

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 4S N or S Range 1E E or W. WM.
Section 32 SW 1/4 NW 1/4
Tax Lot 00800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29510 S. Barlow RD.
Canby, OR

(10) STATIC WATER LEVEL:

51 ft. below land surface. Date 11/1/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 94'

From	To	Estimated Flow Rate	SWL
94	98	50 gpm	51'

(12) WELL LOG:

Material	From	To	SWL
Top soil	0	1	
Clay brown	1	28	
Clay gray	28	45	
Gravel, clay gray	45	57	
Clay sandy gray	57	66	
Clay gray	66	94	
Sand & gravel	94	100	51
Clay gray	100	108	
Sand & gravel	108	115	51
Clay gray	115	156	
Sand, claystone	156	165	51
Clay gray	165	274	
Sand, claystone	274	284	51
Clay gray	284	300	
Sand, claystone	300	316	51
Clay gray	316	332	
Sand	332	340	51
Clay gray	340	351	

Date started 9/1/95 Completed 11/1/95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Kermit Martin WWC Number 1391 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Ivan Gussen WWC Number 783 Date _____

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WATER RESOURCES DEPT.(START CARD) # 78608 SALEM, OREGON

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number Name Gary & Carolyn Postlewait Address City State Zip

(2) TYPE OF WORK [] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment (3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No Depth of Completed Well ft. Explosives used [] Yes [] No Type Amount

HOLE SEAL table with columns: Diameter, From, To, Material, From, To, Sacks or pounds

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: table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, pipe, Casing, Liner

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

Table for well tests with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

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 Latitude Longitude Township N or S Range E or W. WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

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

Table for water bearing zones with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

Table for well log with columns: Material, From, To, SWL

Date started Completed

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Signed Hermit Martin WWC Number Date

(bonded) Water Well Constructor Certification:

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Signed Ivan Grossen WWC Number Date