

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

CLAC
50107

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JAN 16 1996

(START CARD) # 82919

Instructions for completing this report are on the last page of this WATER RESOURCES DEPT.

(1) OWNER: Well Number 04
Name Canby Grove Conference Center
Address 7501 Knights Bridge 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 203 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	49	Cem Bent	49	0	20 sacks
6"	49	181				
8"	181	180	cement	181	186	5 sacks
6"	186	203	Packer @	182'		

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+3	197	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	3	27	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5 1/2" OD	181	198	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 197' and 27'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Stainless Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
198	203	.014			6"	<input type="checkbox"/>	<input type="checkbox"/>
					Tele.	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50+		170	1 hr.

Temperature of water 56.4° 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 3 South N or S Range 1 East E or W. W.M.
Section 32 SW 1/4 NE 1/4
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7501 Knights Bridge Rd. Canby, Or.

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date 1-3-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 5'

From	To	Estimated Flow Rate	SWL
5'	44'	50	5
100'	131'	100	13
190'	199'	100+	29

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	5	
Sand & Gravel	5	27	
Clay Gray w/Sand	27	30	
Claystone w/Sand	30	35	
Sand	35	44	
Clay Gray	44	80	
Sand Gray fine	80	81	
Clay Gray	81	100	
Sand Gray Med	100	131	
Clay Brownish Gray	131	142	
Clay Gray	142	190	
Claystone Fractured	190		
Gray & Brown		197	
Sand Gray Med. Course	197	199	29
Claystone Fractured	199		
Gray & Brown		203	

Date started 12-20-95 Completed 1-3-96
(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 Maurice D. Skyles WWC Number 553 Date 1-8-96

(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 Stuart C. Blund WWC Number 1592 Date 1-8-96