

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

ELAC  
50110

JAN 11 1996

045/016/03AB

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

WATER RESOURCES DEPARTMENT  
OREGON  
SALEM, OREGON 97331

(START CARD) # 82074

(1) OWNER: Well Number \_\_\_\_\_  
Name Canby School District  
Address 811 SW 5th Ave  
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 256 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL     |      |     |                 |
|----------|------|-----|----------|------|-----|-----------------|
| Diameter | From | To  | Material | From | To  | Sacks or pounds |
| 12       | 0    | 112 | Cement   | 50   | 112 | 64 SACKS        |
| 12       | 0    | 50  | Bent     | 0    | 50  | 44 SACKS        |
| 8        | 50   | 256 |          |      |     |                 |

How was seal placed: Method  A  B  C  D  E  
 Other powder dry  
Backfill placed from 253.5 ft. to 256 ft. Material gravel  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel 3/4

(6) CASING/LINER:

| Diameter  | From | To  | Gauge | Steel                               | Plastic                  | Welded                              | Threaded                 |
|-----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 8 | +1   | 186 | 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"/> |

(7) PERFORATIONS/SCREENS:

| From | To  | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    |
|------|-----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| 181  | 192 | 25        |        | 6        | pipe           | <input type="checkbox"/> | <input type="checkbox"/> |
| 206  | 211 | 40        |        | 6        | pipe           | <input type="checkbox"/> | <input type="checkbox"/> |
| 226  | 236 | 12        |        | 6        | pipe           | <input type="checkbox"/> | <input type="checkbox"/> |
| 242  | 247 | 18        |        | 6        | pipe           | <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  |
|---------------|----------|---------------|-------|
| 180           |          |               | 1 hr. |
| 150-200       | —        | 180-250       | 3 hr  |

Temperature of water 57° 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 Clatsop Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 4S N or S Range 1E E or W. WM.  
Section 3 NE 1/4 NW 1/4  
Tax Lot UNKNOWN Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 800 S. Redwood  
Canby, OR 97013

(10) STATIC WATER LEVEL:  
46.5 ft. below land surface. Date 11/27/95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 62

| From | To  | Estimated Flow Rate | SWL  |
|------|-----|---------------------|------|
| 188  | 191 | 30                  | 160S |
| 206  | 210 | 45                  | 160S |
| 227  | 237 | 55                  | 160S |
| 244  | 247 | 75                  | 160S |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                                      | From | To  | SWL |
|---|------|-----|-----|
| Top soil                                      | 0    | 1   |     |
| Dirt and gravel                               | 1    | 3   |     |
| Cobbles & gravel brown                        | 3    | 10  |     |
| Cobbles & boulders w/some gravel brown & gray | 10   | 33  |     |
| Gravel coarse gray loose                      | 33   | 39  |     |
| Gravel coarse slightly cemented brown         | 39   | 50  |     |
| Gravel coarse w/little clay gray              | 50   | 57  |     |
| Clay gray soft                                | 57   | 62  |     |
| Gravel coarse cemented w/loose seams          | 62   | 80  | 51  |
| Gravel coarse loosely cemented w/clay         | 80   | 103 |     |
| Interbeds                                     |      | 103 |     |
| Silty clay gray w/some gravel                 | 103  | 109 |     |

CONTINUED

Date started \_\_\_\_\_ Completed \_\_\_\_\_

(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 [Signature] WWC Number 1523  
Date 12/20/95

(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 [Signature] WWC Number 1358  
Date 12/20/95

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

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

JAN 11 1996

WATER RESOURCES DEPT.  
 SALEM, OREGON

(OREGON START CARD) # 82074

(1) OWNER:

Well Number \_\_\_\_\_  
 Name Canby School District  
 Address 811 SW 5th Ave  
 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  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     |      |    | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |

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 | Material                 |                          |                          |                          |
|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|          |      |    |       | Steel                    | Plastic                  | Welded                   | Threaded                 |
| Casing:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <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  |
|---------------|----------|---------------|-------|
|               |          |               | 1 hr. |
|               |          |               |       |
|               |          |               |       |

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 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 4S N or S Range 1E E or W. WM.  
 Section 3 NE 1/4 NW 1/4  
 Tax Lot unknown Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 800 S. Redwood  
Canby, OR 97013

(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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

| Material                                | From | To  | SWL |
|---|------|-----|-----|
| Gravel coarse loosely cemented brown    | 109  | 118 |     |
| Gravel med tightly cemented brown       | 118  | 128 |     |
| Gravel & Clay Conglomerate green & gray | 128  | 131 |     |
| Clay blue very sticky                   | 131  | 136 |     |
| Silty clay gray soft                    | 136  | 150 |     |
| Clay soft bl wood brown                 | 150  | 152 |     |
| Clay blue gray sticky                   | 152  | 155 |     |
| Silty clay gray                         | 155  | 175 |     |
| Silty clay gray hard                    | 175  | 181 |     |
| Clay gray stiff w/some fine gravel      | 181  | 191 |     |
| Silty clay gray                         | 191  | 206 |     |
| Silty sand & fine gravel gray           | 206  | 210 |     |
| Silt gray                               | 210  | 221 |     |

CONTINUED

Date started \_\_\_\_\_ Completed \_\_\_\_\_

(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 [Signature] WWC Number 1523 Date 12/20/95

(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 [Signature] WWC Number 1358 Date 12/20/95

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

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Page 3 of 3 (START CARD) # 82074

(1) OWNER: Well Number \_\_\_\_\_  
Name Canby School District  
Address 811 SW 5th Ave  
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  
Explosives used  Yes  No Type \_\_\_\_\_

| HOLE     |      |    |          | SEAL |    |                 |  |
|----------|------|----|----------|------|----|-----------------|--|
| 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:

|         | Diameter | From | To | Gauge | Steel                    | Plastic                  | Welded                   | Threaded                 |
|---------|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| Casing: |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:  |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

|      |    | Method    |        | Material |                |                          |                          |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing Artesian |
|-------------------------------|---------------------------------|------------------------------|---|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Time                                      |
|                               |                                 |                              | 1 hr.                                     |
|                               |                                 |                              |   |

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 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 4S N or S Range 1E E or W. WM.  
Section 3 NE 1/4 NW 1/4

Tax Lot UNKNOWN Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 800 S. Redwood  
Canby, OR 97013

(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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                     | From | To  | SWL |
|------------------------------|------|-----|-----|
| Siltstone gray               | 221  | 227 |     |
| sand black fine              | 227  | 235 |     |
| Silt brown                   | 235  | 244 |     |
| Medium sand black            | 244  | 247 |     |
| Silt gray with brown streaks | 247  | 250 |     |
|                              |      |     |     |
|                              |      |     |     |
|                              |      |     |     |
|                              |      |     |     |
|                              |      |     |     |
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|                              |      |     |     |
|                              |      |     |     |
|                              |      |     |     |
|                              |      |     |     |

Date started 11/1/95 Completed 11/27/95  
(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 [Signature] WWC Number 1523  
Date 12/20/95

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_  
Date \_\_\_\_\_