

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

Clack
 51589

WELL I.D.# 07704

(START CARD) # 91861

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

(1) OWNER: Well Number _____
 Name Clackamas County Parks Dept
 Address 902 Aberdeen Road
 City Oregon City State OR Zip 97031

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	53	Cement	0	53	18 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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+3	55	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	33	113	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 55

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
73	113	1/8 x 8	41	4 1/2"	20	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Perforations Method Saw
 Screens Type _____ Material _____

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

Yield gal/min	Drawdown	Drill stem at	Time
40	Total		1 hr.

Pump Bailer Air Flowing Artesian
 Temperature of water 56 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 Clack Latitude _____ Longitude _____
 Township 2 N or S Range 3 E or W. WM.
 Section 18 NW 1/4 SW 1/4
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 14890 SE Sprague Rd Oregon city OR

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 4-25-97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 56

From	To	Estimated Flow Rate	SWL
11'	17'	Sealed OFF	6'
56	72	40+	12'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Clay Brown	2	11	
Gravel	11	17	6
Clay Blue	17	30	
Clay Gray	30	51	
Clay Blue	51	56	
Sand Blk	56	72	12
Clay Blue	72	91	
Clay Gray	91	113	

RECEIVED
RECEIVED APR - 4 1997
 JUN 16 1997 WATER RESOURCES DEPT.
 SALEM, OREGON
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 4-14-97 Completed 4-25-97
 (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 Thomas Guffy WWC Number 1512 Date 4-1-97

(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 W.D. Gaumer WWC Number 257 Date 4-1-97