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P31 of 2

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

MAY - 6 1997 WELL I.D.# L09263

clac
51679

(START CARD) # 90026

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

(1) OWNER:

Name MEADOWCROFT FARM
Address 15568 S. CARUS RD.
City OREGON CITY State OR Zip 97045

(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 270 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16	0	100	BENT.	0	6	4 SACKS	
12	100	178	CEMENT	6	100	60 SACKS	
14 1/2	178	225					
12	225	270					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other BENTONITE POURED IN DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 175 ft. to 270 ft. Size of gravel 3/8 PEA/6

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12	+2	184	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	8	175	235	250	☒	☐	☒	☐
	8	260	270	250	☒	☐	☒	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

		Method		Type		Material	
☒ Perforations		FACTORY SLOTTED PERFORATIONS		V-WIRE WRAP		SS	
☒ Screens							
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
185	235	1/8x3	1,600	8"	PS	☐	☒
235	260	.070		8"	PS	☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump		☐ Bailer		☐ Air		☐ Flowing	
Yield gal/min	Drawdown	Drill stem at		Time			
				1 hr.			
175	189			8			
150	176			9			

Temperature of water 56 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom NO

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☒ Other UPPER AQUIFER

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County CLACKAMAS Latitude _____ Longitude _____
Township 3S N or S Range 2E E or W. WM.
Section 34 SW 1/4 NE 1/4
Tax Lot 502 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

22 ft. below land surface. Date 3-17-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 4'

From	To	Estimated Flow Rate	SWL
66	93	40-50	3
184	223	20-30	22
223	259	120	22

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
CSS TOP SOIL	0	1	
CLAY REDISH	1	13	
CLAY RED W/SOFT BRN YELLOW	13		
DECOMPOSED ROCK		38	
CLAY BROWN GRITTY	38	59	
CLAY TAN STICKY	59	66	
SANDSTONE GREY BRN	66	75	
SDSTN/GRVL CONGLOM GREY BRN	75		
W/THIN LENSES OF SLTSTN & CLAY		93	
CLAY TAN	93	119	
CLAY GREY	119	161	
CLAY TAN	161	184	
BORING LAVA GREY BRKN W/CLAY	184		
LENSES		209	
CLAY TAN	209	218	
BORING LAVA GREY BRKN W/CLAY	218		
LENSES		223	
CLAY & GRAVEL TAN	223	242	
GRVL, SAND MED TO CRSE BRN	242		
RED, GRN W/PUMICE LOOSELY CMTD		259.5	

Date started 2-3-97 Completed 3-17-97

(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.

Signer _____ WWC Number _____ 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 Steven M. Stodick WWC Number 688 Date 4-25-97

