

CLACK
51707
Pg. 1 of 2

RECEIVED WELL I.D.# L10394

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

MAY 19 1997

WATER RESOURCES DEPT. (START CARD) # 095320

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

SALEM, OREGON

(1) OWNER: Well Number 424
Name City of Wilsonville Well # 8
Address 3000 SE Town Center Loop E
City Wilsonville State OR Zip 97070

(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 670 ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	390	cement	0	390	422
8	390	670				

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: 14	+2	390	.312	<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) 390

(7) PERFORATIONS/SCREENS:

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
720		670	4 hrs
440		350	2 hrs.

Temperature of water 57 Depth Artesian Flow Found
Was a water analysis done? Yes By whom A.G.I.
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 3 N or S Range 1 E or W. WM.
Section 14 NW 1/4 NE 1/4
Tax Lot N/A Lot Block Subdivision
Street Address of Well (or nearest address) Boones Ferry Rd & Buckman Rd.

(10) STATIC WATER LEVEL:
106 ft. below land surface. Date 3/15/97
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 165

From	To	Estimated Flow Rate	SWL
165	x 280	75	75
450	470	200	106
640	668	500	106

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Clay Brown	0	15	
Clay Gray	15	35	
Clay Gray & Brown			
Decomposed Basalt	35	40	
Clay Gray Sticky	40	95	
Clay Gray & Brown Wood Chips & Decomposed Basalt	95	165	
Basalt Brown & Gray			
Clay Layers Gray	165	200	75
Basalt Gray & Sandstone			
Layers	200	235	
Basalt Brown & Green Clay			
Layers	235	280	
Basalt Brown & Red & Green	280	310	
Basalt Brown Fractured Medium Hard	310	330	
Basalt Gray Hard	330	370	
Basalt Gray & Brown Softer	370	390	
Basalt Gray Hard	390	400	

Date started 2/28/97 Completed 4/18/97
(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 Leonard Blair WWC Number 1622 Date 4/23/97

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed 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 Roddy C. Eubank WWC Number 4/23/97 Date 663

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WATER SUPPLY WELL REPORT
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Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number _____
Name _____
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
Diameter From To Material From To Sacks or pounds

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"/>
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:

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 _____ 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: PAGE 2 (CONTINUED)
Ground Elevation _____

Material	From	To	SWL
Basalt Gray&Brown Softer	400	440	
Basalt Brown & Gray Volcanic	440	450	
Basalt Gray&Brown Medium	450	470	106
Basalt Gray&Brown Softer	470	485	
Basalt Gray&Brown Medium	485	495	
Basalt Gray Medium	495	505	
Basalt Brown & Gray & Yellow Soft	505	515	
Basalt Gray Medium/Hard	515	545	
Basalt Gray&Black Soft	545	560	
Basalt Gray&Black & Red & Green Soft	560	580	
Basalt Gray Medium/Hard	580	640	
Basalt Gray & Green & Red & Brown Soft	640	668	106
Basalt Gray Hard	668	670	

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.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed during this time in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____