

CLAC
52842

WELL I.D.# L15073

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

(START CARD) # 104210

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

(1) OWNER: Well Number _____
Name JOHNATHAN YU
Address 29453 S. HWY 170
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 378 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	35	BENT.	0	36	69 SACKS
12	35	378	CEMENT	36	55	20 SACKS
			CEMENT	180	200	8 SACKS

How was seal placed: Method A B C D E
 Other BENTONITE POURED IN DRY
Backfill placed from 55 ft. to 180 ft. Material BENT.
Gravel placed from 200 ft. to 378 ft. Size of gravel 10-20 &

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	+1.5	268	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	279	290	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	295	302	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	317	345	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	348	357	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	368	378	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type V-WIRE Material SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
268	279	.040		8	p/s	<input type="checkbox"/>	<input type="checkbox"/>
290	295	.040		8	p/s	<input type="checkbox"/>	<input type="checkbox"/>
302	317	.025		8	p/s	<input type="checkbox"/>	<input type="checkbox"/>
345	348	.025		8	p/s	<input type="checkbox"/>	<input type="checkbox"/>
357	368	.025		8	p/s	<input type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
150	67		1/2 X 1 hr.
250	90		1 1/2
280	107		7

Temperature of water 55 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 34 SW 1/4 NW 1/4
Tax Lot 1090 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

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

(11) WATER BEARING ZONES:
Depth at which water was first found 17

From	To	Estimated Flow Rate	SWL
ALL SAND & GRAVEL FORMATIONS BELOW THE SWL			
RECEIVED			
DEC - 2 1997			

(12) WELL LOG: WATER RESOURCES DEPT.
SALEM, OREGON
Ground Elevation _____

Material	From	To	SWL
8-12			
TOP SOIL	0	2	
CLAY BROWN	2	17	
CLAY BROWN SANDY	17	32	
CLAY W/GRAVEL W/LAYERS OF	32		
STICKY BRN CLAY		55	
CLAY BRN SANDY	55	59	
GRAVEL W/CLAY	59	76	
CLAY TAN	76	91	
CLAY GREY	91	103	
SANDY BRN CLAY	103	105	
GRAVEL WITH CLAY	105	109	
CLAY GREY	109	114	
GRAVEL W/CLAY GREY	114	157	
GRAVEL & SAND GREY	157	161	
CLAY GREY SANDY	161	166	
SAND GREY MED	166	170	
GRAVEL CEMENTED	170	179	
CLAY GREY STICKY	179	268	
SAND SMALL GRAVEL GREY	268	279	

Date started 8-22-97 Completed 10-25-97

(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.
WWC Number _____
Signed _____ 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.
WWC Number 688
Signed *Stevens H. Stadel* Date 11-7-97

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(1) OWNER: Well Number _____ Name JOHNATHAN YU Address 29453 S. HWY 170 City CANBY State OR Zip 97013

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] 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 _____

Table with columns for HOLE Diameter, From, To, Material, SEAL 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: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(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 34 SW 1/4 NW 1/4 Tax Lot 1090 Lot _____ Block _____ Subdivision _____ Street Address of Well (or nearest address) SAME

(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 _____

Table with columns for From, To, Estimated Flow Rate, SWL. Includes RECEIVED stamp and DEC - 2 1997.

(12) WELL LOG: Ground Elevation _____

Table with columns for Material, From, To, SWL. Log entries include CLAY GREY STICKY, SAND & GRAVEL CEMENTED, etc.

Date started 8-22-97 Completed 10-25-97 (unbonded) Westernberg Drilling, Inc. 66728 S. Kropf Rd. Molalla, OR 97038 829-2526

Signed _____ 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 _____ WWC Number 688 Date 11-7-97