

DEC 23 1997

CLAC 52932 WELL I.D. # L13587

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)
 WATER RESOURCES DEPT.
 Instructions for completing this report are on the last page of this form.

(START CARD) # 101523

(1) OWNER: Well Number _____
 Name Harold Miller
 Address 7425 Hwy 211
 City Hubbard State OR Zip 97032

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	35	Bentonite	0	35	57sacks
10"	35	294				
10"	294	373	cement grout	294	373	48sacks

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other OAR 690-210-340
 Backfill placed from 294 ft. to 373 ft. Material cement grout
 Gravel placed from 207 ft. to 294 ft. Size of gravel 3/16

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10"	+2	205	5"	250x	☐	☒	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
Liner:						☐	☐	☐
						☐	☐	☐

Final location of shoe(s) 205' 5"

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☒ Screens Type _____ Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
2' 8"	206' 9"			8"	pipe	☒	☐
206' 9"	217'	.085		8"	p.s.	☐	☐
217'	236' 10.5"			8"	pipe	☒	☐
236' 10.5"	242'	1.5" slot	.085	8"	p.s.	☐	☐
242' 1.5"	262'			8"	pipe	☒	☐
262'	271' 3"	.085		8"	p.s.	☐	☐

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

271' 3"-294' 3" 8" pipe

☐ Pump ☐ Bailer ☒ Air ☐ Flowing ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
330		270	1 hr.
310		270	4 hrs

Temperature of water 53 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 5S N or S Range 1E E or W. WM.
 Section 8 SE 1/4 NE 1/4
 Tax Lot 01600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 31481 Needy Rd.
Canby, OR

(10) STATIC WATER LEVEL:
64' 8" ft. below land surface. Date 11/20/97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 207'

From	To	Estimated Flow Rate	SWL
207	219	130 gpm	64
236	241	80	64
262	271	110	64

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay brown	1	8	
Clay sandy brown	8	22	
Clay gray sticky	22	47	
silty sand w/clay hard	47	57	
Gravel & clay	57	61	
clay sandy brown	61	77	
Sand & gravel w/clay brown	77	84	
Clay blue-gray	84	94	
Gravel & clay	94	101	
Clay gray sandy	101	116	
Clay gray sticky	116	123	
Clay tan	123	128	
Clay blue sandy	128	157	
Clay gray & brown sticky	157	188	
Clay blue sticky	188	194	
Clay gray sandy	194	207	
Clay blue & gray w/sand seams	207	219	64'
Clay gray & brown	219	236	
continued			

Date started 9/18/97 Completed 11/20/97

(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 [Signature] WWC Number 1704 Date 12/19/97

(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 [Signature] WWC Number 783 Date 12/19/97

RECEIVED

DEC 23 1997

CLAC 32
52932
WELL I.D.# L13587

STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765)
SALEM, OREGON
Instructions for completing this report are on the last page of this form.

(START CARD) # 101523

(1) OWNER: Well Number _____
Name Harold Miller
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			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	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Type		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			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:

Ground Elevation _____

Material	From	To	SWL
Continued			
Sand black	236	241	64'
Clay gray	241	260	
Clay black sandy	260	262	
Sand black w/clay	262	271	64'
Clay gray	271	273	
Clay black w/claystone	273	291	
Clay blue, sand	291	307	
Clay brown	307	318	
Clay gray	318	339	
Sandy clay blue	339	343	
Clay sticky blue	343	357	
Clay sticky blue w/claystone	357	366	
Clay & claystone green	366	373	

Date started 9/18/97 Completed 11/20/97

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Date 12/19/97

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Signed [Signature] WWC Number 783
Date 12/19/97