

Clack
52937

1) OWNER: Well No. L15858
Name WESLEY JOHNSON
Address 14990 SE ORIENT DRIVE
City BORING St OR Zip 97009

(9) LOCATION OF WELL by legal description:
County CLACK Lat. ° ' " Long. ° ' "
Township 2 S Range 4 E WM.
Section 10 SE 1/4 NW 1/4
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest Address)
14990 SE ORIENT DRIVE BORING, OR 97009

2) TYPE OF WORK: NEW WELL

3) DRILL METHOD: ROTARY AIR

4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:
0 ft. below land surface. Date _____
Artesian pressure _____ lb per square in. Date _____

5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO _____ Depth of Compl. Well 18 ft
Explosives used NO _____ Type _____ Amount _____
HOLE SEAL
Diam. From To Material From To Amount
14 0 18 BENTONITE 0 18 21 SACKS

(11) WATER BEARING ZONES:
Depth at which water was first found 0
From To Est Flow Rate SWL

Seal placement method POURED IN
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:
Material Ground elevation
From To SWL
TOP SOIL 0 2
RED CLAY 2 18

(6) CASING/LINER:
Diam. From To Gauge Material Connection
Casing 8 +1 18 .250 STEEL WELDED

Liner _____
Final Location of shoe(s) NONE

RECEIVED
JAN 29 1998
WATER RESOURCES DEPT.
SALEM, OREGON
Date started 11/26/97 Completed 11/30/97

(7) PERFORATIONS/SCREENS:
 Perf. Method _____
 Screens Type _____ Material _____
From To Slot Size Number Diam. Size Casing/liner

(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 my best knowledge and belief.
Signed _____ WWC Number _____
Date _____

(8) WELL TESTS: Minimum testing time is 1 hour
Test type _____
Yield GPM Draw-down Drill stem at Time 1 hr.

(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 616
Date 12/25/97

Temperature of water *27* Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____