

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

FEB - 5 1998

CLACK
 53036

WELL I.D. # L09714

(START CARD) # 106136

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

(1) OWNER: Well Number _____
 Name Country Club Water Dist
 Address Country Club Rd. P.O. Box 169
 City Brightwood State Or Zip 97101

(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 320 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To
10"	0' 50'	Cement	0' 50' 23 sacks or pounds
8"	50' 80'	Cement	70' 80' 4 sacks
6"	80' 320'		

How was seal placed: Method A B C D E
 Other Underreamed seal 70' to 80'
 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: 6"	0	80'	850	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	50'	320'	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 80'

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
270	320	1/4" x 7/8"	7	4 1/2"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
33	180'	Bottom	1 hr.

Temperature of water 51 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 CLACK Latitude _____ Longitude _____
 Township 2 S N or S Range 6 E B or W. WM.
 Section 26 N.E 1/4 N.E 1/4
 Tax Lot 01100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Off country club Rd Brightwood Or.

(10) STATIC WATER LEVEL:
140' ft. below land surface. Date 11-13-97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 258'

From	To	Estimated Flow Rate	SWL
258'	312'	33 GPM	140'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
topsoil	0'	4'	
Boulders med. clay brown	4'	41'	
Rock lava, black	41'	320'	140'

Date started 11-6-97 Completed 11-15-97
 (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 1380
 Signed Paul McShane Date 11-16-97