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MAY 12 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Clac 53288

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

WELL I.D. # L 23869

START CARD # 101914

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

(1) OWNER: Well Number

Name Thomas Webb

Address 19539 S. Spring Water Rd.

City Estacada State Or. Zip 97023

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	20	Cement	0	20	9 Sacks

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:	6"	+2	58	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
	4"	78	88	160	☐	☑	☐	☐
Liner:	4"	~~78~~ ~~88~~			☐	☐	☐	☐
		38	58	160	☐	☑	☐	☐

Final location of shoe(s) 58

(7) PERFORATIONS/SCREENS:

☐ Perforations Method ____

☑ Screens Type 10 Slot Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
~~68~~	~~88~~					☐	☐
						☐	☐
58	78	10 Slot		4"	2-10"	☑ Screen	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40+	27		1 hr.

Temperature of water 56 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 3 ☐ N or S Range 3 E or ☑ W. WM.

Section 11 SE 1/4 SE 1/4

Tax Lot 1200 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) 19539 S Spring Water Rd. Estacada Or. 97023

(10) STATIC WATER LEVEL:

18 ft. below land surface. Date 3-13-98

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 51

From	To	Estimated Flow Rate	SWL
51	62	40+	18

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Top Soil	0	2	
Clay LT Brown	2	23	
Clay LT Brown With Boulders	23	51	
Decomposed Gravel + Gravel	51	62	18
Clay Brown	62	88	

Date started 3-11-98 Completed 3-13-98

(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 157

Signed [signature] Date 5-1098

(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 257

Signed W.O. Gaugher Date 5, 10

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER