

AUG 25 1998

CLAC
53657

STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

WELL I.D.# L 10564
START CARD # 95678

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

(1) OWNER: Well Number _____
Name Wayne Eng
Address PO Box 88
City Canby State Oregon Zip 97068

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other pump hoist

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 21 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
			ORIGINAL			

How was seal placed: Method A B C D E
 Other ORIGINAL
Backfill placed from 190 ft. to 200.5 Material 6-9 CCS
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER: ss screens

Diameter	From	To	Gauge	Steel	Plastic	Welded	Impervious
Casing:	ORIGINAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	+3.5	197	SDR 126	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method none
 Screens Type none Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15	N/A	217'	1 hr.
		2" airlift tool	

Temperature of water 59 Depth Artesian Flow Found none
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
Clackamas County
County Marion Latitude _____ Longitude _____
Township 4S N or S Range 1E E or W. WM.
Section 5 SW 1/4 NE 1/4
Tax Lot 00700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 24310 HWY 99E
Canby, OR 97068

(10) STATIC WATER LEVEL:
21.5 ft. below land surface. Date 7/25/98
Artesian pressure none lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clean out claystone materials	186		
use airlift method to suck out materials		218	
add 4 1/2" PVC liner with slip cap cut out to slide down over top of screen assembly on bottom PVC liner			
then add sand CSS 6-9	190	200.5	

Date started 7/23/98 Completed 7/25/98

(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 1530
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 123
Signed _____ Date 8/20/98