

CLAC
53935

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

SKYLES DRILLING, INC.

WELL I.D. # L ~~27053~~ L-129022

START CARD # 119431

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

(1) OWNER: Well Number 02
Name Bill Chambers
Address 31190 SW Isle Way Ln.
City West Linn State OR Zip 97068

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12	0	18	Bentonite	18	0	10 Sacks	
8	18	72					

How was seal placed: Method A B C D E
 Other Poured
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: 8	+1 1/2	71 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Air Rotary
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	70	1/2 x 1	344			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250		71	1 hr.

Temperature of water 55° 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 3 South N or S Range 1 East E or W. WM.
Section 22D NE 1/4 SE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 31190 SW Isle Way Ln.
West Linn, OR

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date 10-22-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 36'

From	To	Estimated Flow Rate	SWL
36	50	5	27
50	71 1/2	250	27

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil Brown Silty	0	7	
Clay Brown Silty w/ Gravel Small Multi-colored	7	11	
Clay Brown Silty	11	18	
Gravel Small to Med w/ sand medium gray	18	36	
Gravel Med to small Multicolored w/ sand Medium Multicolored	36	50	
Gravel Med to large med Multicolored tight	50	71 1/2	27
Lava Gray	71 1/2	72	

Date started 10-21-98 Completed 10-22-98
(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.
Signed [Signature] WWC Number 1601 Date 10/23/98
(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 Stewart E. Bland WWC Number 1592 Date 10-23-98



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Mark Gordon
Mailing Address: 3190 SW Isle Way Lane
City, State, Zip: West Linn, OR 97068
Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
Name & Address: _____
City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 35 (North / South) Range: 1E (East West) Section: 22D NE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Clackamas
GPS Coordinates: _____
Street Address of Well, City: 3190 SW Isle Way Lane West Linn, OR 97068
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____
Date Well Constructed (or property built): 1998 Total Well Depth: 72 ft Casing Diameter: 8"
Owner at time the well was constructed (if known): Bill Chambers Well Log # (if known): CLAC 53935
Other Information: _____

SUBMITTED BY (please print): Mark Gordon
PHONE: 503-939-8191 &/or FAX: thorn 820.08@yahoo.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

***REPLACEMENT TAG! L-27053 LOST!**

For Official Use Only by the Oregon Water Resources Department:		
Received Date: <u>2-1-18</u>	Well Log Number: <u>CLAC 53935</u>	Well Identification #: <u>L-129022</u>