

CLAC  
53992

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

WELL I.D. # L 27153  
START CARD # 111469

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

(1) OWNER: Well Number \_\_\_\_\_  
Name VERNE GINERICH  
Address 28350 S. MOLALLA FOREST RD.  
City CANBY State OR Zip 97013

(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 19 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	19	BENTONITE	0	19	17 SACKS

How was seal placed: Method  A  B  C  D  E  
 Other BENT. POURED DRY  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	12	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19'

(7) PERFORATIONS/SCREENS:

Perforations Method NONE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Material	Casing	Liner

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing  Artesian  
Yield gal/min Drawdown Drill stem at Time  
NO WATER ENCOUNTERED  
Temperature of water \_\_\_\_\_ 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 4S N or S Range 1E E or W. WM.  
Section 25 SE 1/4 NE 1/4  
Tax Lot 202 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 28350 S. MOLALLA FOREST RD.

(10) STATIC WATER LEVEL:  
NONE ft. below land surface. Date \_\_\_\_\_  
Artesian pressure lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found NONE

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
TOPSOIL	0	1	
CLAY TAN	1	19	
THIS WELL IS FOR PERMIT #G-13264. IT WILL BE DEEPEMED TO FINAL DEPTH IN THE FUTURE.			

RECEIVED

28 S. Molalla Forest Rd.  
Canby, OR 97008

JAN 20 1999

WATER RESOURCES DEPT.  
SALEM, OREGON

NOV 17 1998  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 10-21-98 Completed 10-21-98

(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 \_\_\_\_\_  
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 688  
Signed Steven N. Shadeli Date 11-10-98