

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

CLAC
 54156

WELL I.D.# L 25007

104167

(START CARD) # _____

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

(1) OWNER: Well Number _____
 Name Jeddeloh Farms
 Address 18535 SE Giese Rd
 City Gresham State Or Zip 97080

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10		29	Bentonite		50	20 sacks
8	29	60				
6	60	195				

How was seal placed: Method A B C D E
 Other Granular Bentonite method
 Backfill placed from 60 ft. to 50 ft. Material bentonite
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8	0	166	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	140	195	11.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 166

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
168	151	.010		5		<input type="checkbox"/>	<input type="checkbox"/>

Method slotted Material pvc
 Type _____

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

Yield gal/min	Drawdown	Drill stem at	Time
25	10		2 hrs

Temperature of water 52 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 2E Longitude _____
 Township 5S N or S Range 2E E or W. WM. _____
 Section 14 Ne 1/4 Se _____
 Tax Lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 32940 S. Wright Rd

(10) STATIC WATER LEVEL:
118 ft. below land surface. Date Nov 12
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 38

From	To	Estimated Flow Rate	SWL
38	195		118

(12) WELL LOG:
 Ground Elevation _____

Soil	Material	From	To	SWL
	Clay, brown, w/ occasional rocks	3	34	
	Cemented boulders, cobbles	34	69	
	Clay, reddish brown	69	88	
	Cemented gravel	88	97	
	Clay, grey	97	128	
	Cemented gravel	128	159	
	Sand, black, fine	159	162	
	Cemented gravel	162	192	
	Clay, grey	192	195	

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well 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 245
 Signed R. Beck Date 12/8/98