

CLAC
54578

MAY 20 1999

Pg 1 of 3

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 27842
START CARD # 121137

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

(1) OWNER: Well Number _____
Name Gary R Ferschweiler
Address 30370 S Cramer Rd
City Molalla State OR Zip 97038

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>16</u>	<u>0</u>	<u>35</u>	<u>Cement</u>	<u>0</u>	<u>35</u>	<u>45 sacks</u>
						<u>+ bentonite</u>
<u>10</u>	<u>35</u>	<u>218</u>				

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: <u>10 int 2</u>	<u>218</u>	<u>218</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 218

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>90</u>	<u>128</u>	<u>3/8 x 25</u>	<u>584</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>163</u>	<u>178</u>	<u>3/8 x 25</u>	<u>240</u>			<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
<u>100</u>	<u>67 1/2 ft</u>		<u>2 hr.</u>

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 Clackamas Latitude _____ Longitude _____
Township S-5 N or S Range 2-E E or W. WM.
Section 6 SW 1/4 NE 1/4
Tax Lot 1701 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 30370 S Cramer Rd Molalla OR

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 5-13-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 4 ft

From	To	Estimated Flow Rate	SWL
<u>4</u>	<u>4</u>	<u>5</u>	<u>3 ft</u>
<u>13</u>	<u>15</u>	<u>?</u>	<u>3 ft</u>
<u>51</u>	<u>178</u>	<u>100</u>	<u>21</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Soil with gravel</u>	<u>0</u>	<u>2</u>	
<u>Gray clay with gravel</u>	<u>2</u>	<u>4</u>	
<u>Brown clay</u>	<u>4</u>	<u>13</u>	
<u>Simi-large gravel</u>	<u>13</u>	<u>15</u>	<u>3</u>
<u>Brown clay with large gravel</u>	<u>15</u>	<u>36</u>	
<u>Tight large gravel with red sandy clay</u>	<u>36</u>	<u>51</u>	
<u>Tight large sand + gravel</u>	<u>51</u>	<u>59</u>	
<u>Loose large sand + gravel</u>	<u>59</u>	<u>62</u>	
<u>3 in gravel with trace of brown clay</u>	<u>62</u>	<u>78</u>	
<u>large gravel + brown clay</u>	<u>78</u>	<u>103</u>	
<u>Tight sand + gravel with clay binder</u>	<u>103</u>	<u>114</u>	
<u>Sandy brown clay + gravel</u>	<u>114</u>	<u>122</u>	
<u>Gravel with trace of brown clay</u>	<u>122</u>	<u>124</u>	

Cont Pg 2

Date started 2-9-99 Completed 5-13-99

(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 1629
Date 5-14-99

(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 Floyd J. Japp WWC Number 1273
Date 5-14-99

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WELL I.D. # L 27842

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

(1) OWNER: Well Number _____

Name Gary Ferschweiler

Address 30370 S Cramer Rd

City Molalla State OR Zip 97038

(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 218 ft.

Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____

Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing
Yield gal/min Drawdown Drill stem at Time

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

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 5-S N or S Range 2-E E or W. WM.

Section 6 SW 1/4 NE 1/4

Tax Lot 1701 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Same as #1

(10) STATIC WATER LEVEL:

21 ft. below land surface. Date 5-13-99

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown clay + gravel	124	132	
Sand packed - brown	132	135	
clay brown sticky	135	139	
clay sandy brown	139	141	
Very Sandy clay + gravel	141	148	
Gravel with trace of brown clay	148	153	
Sticky brown clay	153	155	
Sandy brown + red clay	155	158	
Gravel with gray clay	158	163	
Gravel with trace of blue sandy clay	163	173	
clay + gravel gray sandy	173	178	
clay blue	178	181	
Sand very fine with gray clay	181	187	
clay dark gray + blue	187	194	
Sand med - fine gray	194	197	
Cont Pg 3			

Date started 2-9-99 Completed 5-13-99

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Special Construction approval Yes No Depth of Completed Well 218 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
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Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gravel 3/4-in minus			
and sand dark gray	197	199	
Dark gray clay soft	199	208	
Sand packed	208	211	
Gravel with fine			
Sand + gray soft clay	211	212	
Gray clay with sand			
layers Fine	212	214	
Sandy gray clay	214	218	

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