

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

CLAC  
 55100

WELL I.D. # 33486  
 START CARD # 124509

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

(1) OWNER: Name John Barkle Well Number \_\_\_\_\_  
 Address 20189 S SPRING WALK  
 City Estacada State OR Zip 97029

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	65	Cement	0	65	32 sacks
8"	65	145	Cement			
6"	145	265				

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: 6"	0	216	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	207	227	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 216

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
227	263	10 slot	4	4"	10 <sup>5</sup> +8 <sup>5</sup>	<input type="checkbox"/> screen	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
18	5'		1 hr.
23+	5'		

Pump  
 Bailer

Temperature of water 57 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 Clatsop Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 3 N or S Range 3 E of W. WM.  
 Section 13 NE 1/4 NW 1/4  
 Tax Lot 2000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 20189 S. Springwalk Rd - Estacada

(10) STATIC WATER LEVEL:  
215 ft. below land surface. Date 9-20-99  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 227

From	To	Estimated Flow Rate	SWL
56	55	3 Sealed OFF	45
227	245	23+	215

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

Material	From	To	SWL
Top Soil	0	4	
Clay Brown	4	55	
Clay Brown + boulders	4	55	
Clay Yellow	55	76	
Clay Brown	76	91	
Clay Lt. Brown - Sandy	91	123	
Clay Brown	123	145	
Clay Blue	145	155	
Clay Gray	155	185	
Clay Blue	185	201	
Clay Gray	201	227	
Sand + Gravel Round	227	245	215
Clay	245	265	

OCT 19 1999  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 9-15-99 Completed 9-20-99

(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 Thomas Young WWC Number 1512  
 Date 9-23-99

(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 W. G. Langhans WWC Number 257  
 Date 9-23-99