

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

(1) OWNER:

Well Number: _____

Name: Demetrey Burkoff
Address: 29885 S Sprauge Rd
City: Molalla State: OR Zip: 97038

(2) TYPE OF WORK:

(repair/

New Well Deepening Alteration 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 296

Explosives Used Yes No Type _____ Amount _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
12"	0'	42'	Cement	0'	42'	26 Sacks
8"	42'	296'	-	-	-	-

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ to _____ Material _____

from _____ to _____ Material _____

Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	1.5'	268'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	263'	272'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	292'	296'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: _____

Screen Type: Johnson Material: ss

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
272'	292'	.040			7.625	<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 Artesian
Yield gpm Drawdown Drill Stem at Time

300		272'		1 hr.

Temperature of water 55 Depth Artesian Flow Found _____

Was a water analysis done? _____ By whom: _____

Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: _____

CLAC
55308

WELL ID # L 111225
START CARD # 229092

(9) LOCATION OF WELL by legal description:

County: Clackamas Latitude: _____ Longitude: _____
Township: 4S Range: 2E
Section: 33 SE 1/4 NW 1/4
Tax Lot: 1400 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____

29885 S Sprauge Rd

(10) STATIC WATER LEVEL:

36 Ft. below land surface Date 11/19/99
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 36

From	To	Est. Flow Rate	SWL
36'	48'	25	12'
143'	150'	50	36'
170'	188'	100	36'
272'	292'	300	36'

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Top Soil	0'	9'	36'
Sand and Gravel	9'	36'	
Clay Grey	36'	107'	
Clay Hard Brown	107'	143'	
Sand and small Gravel Conglomert	143'	150'	36'
Clay Gray Hard	150'	170'	
Sand	170'	188'	36'
Clay Gray and Green	188'	272'	
Sand and Small Gravels	272'	292'	36'
Clay	292'	300'	

RECEIVED

RECEIVED

DEC 22 1999

JAN 27 2000

WATER RESOURCES DEPT.
SALEM, OREGON

WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 11/2/99

Completed: 11/19/99

(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 Steve Zimmerman WWC Number 1620
Date 11/19/1999

(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 _____ WWC Number 723
Date 11/19/1999