

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 45397

START CARD # 136752

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

(1) LAND OWNER Well Number _____
Name HOSTETLER FARM TILING
Address 1967 NE 19TH AVE.
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 355 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	78	CEMENT	0	78	91 SACKS
10	78	354	CEMENT	199	234	14 SACKS
			CEMENT	353	355	BOTTOM PLUG

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 234 ft. to 355 ft. Size of gravel 10/20 & 8/12

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	+2	210	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	197	260	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	268	288	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	345	355	.250	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 355

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type V-WIRE Material SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
260	268	.030		6"	ps	<input type="checkbox"/>	<input type="checkbox"/>
288	345	.030		6"	ps	<input 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
300	65		1 hr.
400	105		5hr

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 4S N or S Range 1E E or W. WM.
Section 6 NW 1/4 SE 1/4
Tax Lot 1602 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
6580 ANDERSON RD., AURORA, OR

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 3-2-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 8

From	To	Estimated Flow Rate	SWL
181	192	60	25
261	345	400	25

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SEE ATTACHED SHEET			

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 1-5-01 Completed 3-2-01

(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. Stadeli Date 3-15-01

HOSTETLER CLAC 56595

1967 NE 19TH AVE.

CANBY, OR 97013

CLACKAMAS T4S R1E SEC 6 NW $\frac{1}{4}$ SE $\frac{1}{4}$ TAX LOT# 1602

6580 ANDERSON RD., AURORA, OR 97002



36728 S. Kropf Rd., Molalla, OR 97038 • Phone: (503) 829-2526 FAX (503) 829-7514

WELL LOG:

Material:	From:	To:
gravel driveway	0	1
soil brn dark	1	3
clay brn	3	7
gravel cemented	7	19
clay grey	19	26
gravel w/clay	26	54
clay grey sandy	54	63
clay grey	63	122
clay yellow green	122	157
clay grey	157	162
clay green grey	162	163
cemented sand streak	163	164
clay grey	164	181
clay w/ayers of cemented sand	181	192
clay grey	192	238
clay blue	238	262
sand blue green fine silty w/clay lenses	262	267
clay grey	267	288
sand black cemented w/ayers of siltstone	288	334
sand grey black med coarse w/some scattered gravel loose	334	349
clay grey dense	349	354

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