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CLAC 56770

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

MAY 22 2001

WELL I.D. # L 47852
START CARD # 136770

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

(1) LAND OWNER
Name STEVE BLAKE
Address 14535 S. LEABO 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 118 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	118	BENTONITE	0	30	18 sacks
6	118	157	CEMENT	118	157	6 sacks

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED & PROBED
Backfill placed from 30 ft. to 35 ft. Material 8-12 & 10-20
Gravel placed from 35 ft. to 118 ft. Size of gravel 3/8 sand

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1.5	118.5	2.50	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 118.5'

(7) PERFORATIONS/SCREENS:
☒ Perforations Method HOLTE AIR PERE/FACTORY
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
42	78	1/8 x 3				☒	☐
95	115	1/8 x 3				☒	☐
						☐	☐
						☐	☐

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

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

Temperature of water 55° 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 5S N or S Range 2E E or W. WM.
Section 22 SW 1/4 SW 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 15315 S. HERMAN RD

(10) STATIC WATER LEVEL:
12.5 ft. below land surface. Date 5-2-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
42'	118'	25 gpm	12.5

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	1	
CLAY BROWN	1	9	
CLAY & GRAVEL	4	30	
CLAY WHITE STICKY	30	34	
SANDSTONE BRN CRMBLY	34	40	
SANDSTONE BRN COARSE	40	45	
WOOD BLACK & BROWN	45	50	
SANDSTONE LAVNDR MED	50	59	
SANDSTONE BRN W/WOOD	59	63	
SANDSTONE GREY	63	65	
SANDSTONE BRN	65	77	
WOOD BLACK	77	81	
CLAY GREY	81	90	
CLAYSTONE W/GRAVEL	90	110	
CLAYSTONE GREY	110	120	
SANDSTONE GREY	120	123	
SANDSTONE GREEN	123	130	
SANDSTONE GREY	130	147	

cont'd next page
Date started 4-30-01 Completed 5-2-01

(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.
Signed [Signature] WWC Number 1358 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.
Signed [Signature] WWC Number 688 Date _____

WELL ID#L47852

COUNTY CLACKAMAS TOWNSHIP 5S RANGE 2E
SECTION 22 SW 1/4 SW 1/4 TAX LOT 1400

[illegible]

WATER RESOURCES DEPT
SALEM, OREGON