

JUN 29 2001

CLAC
50960

PG 1

STATE WATER RESOURCES DEPT
WATER SUPPLY WELL REPORT
(as required by ORS 537.250)

DRAFT

WELL I.D.# 36495
START CARD # 64201

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

(1) OWNER: Well Number
Name PAT O'Meara Springwater Golf
Address 25250 S. WAGGERS RD
City ESTACADA State ORE Zip 97022

(2) TYPE OF WORK
 New Well Deepening Alteration (repairs/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 140 ft
Explosives used Yes No Type _____ Amount _____

HOLE SEAL
Blower From To Material From To Sacks or pounds
24 0 104 Cement 0 104 115 sacks
20 104 230 Cement 0 230 95 sacks
14 230 718 Cement 0 718 124 sacks
10 718 1053 - See pg 2
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 _____

Method C
Method A

(6) CASING/LINER:
Casing: Diameter From To Gauge Steel Plastic Welded Threaded
10" +1 718 250
Liner: 8" 673 1053 250

Final location of shoe(s) 718
(7) PERFORATIONS/SCREENS:
 Perforations Method Touch
 Screens Type _____ Material _____
Well Number 36495 To 1053 From 718 Diameter 10" Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Slug Artesian
Yield gallons 65 Drawdown 1390 Well static at _____ Time _____
not test pumped
Temperature of water N/A Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? No title _____
 Salty Muddy Odor Colored Other _____
Depth of strata: 90 Ft

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 4 N Range 4 E Sec. W. WM. _____
Section 6 SE 1/4 SE 1/4
Tax Lot 2902 or _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as #1

(10) STATIC WATER LEVEL:
720 ft. below land surface. Date 5/24/01
Atmospheric pressure _____ ft. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 71

From	To	Estimated Flow Rate	SWL
<u>71</u>	<u>90</u>	<u>15</u>	<u>26</u>
<u>140</u>	<u>166</u>	<u>10</u>	<u>62</u>
<u>1100</u>	<u>1404</u>	<u>65</u>	<u>720</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>SOIL BROWN</u>	<u>0</u>	<u>2</u>	
<u>Clay Brown</u>	<u>2</u>	<u>12</u>	
<u>Clay Brown w/ Debris -</u>	<u>12</u>		
<u>Gravel</u>		<u>71</u>	
<u>Gravels Brn. med.</u>	<u>71</u>	<u>90</u>	<u>25</u>
<u>Lava Grey med</u>	<u>90</u>	<u>140</u>	
<u>Lava Grey w/ white pec</u>	<u>140</u>	<u>166</u>	
<u>Clay Grey sticky</u>	<u>166</u>	<u>170</u>	
<u>Clay yellow gritty</u>	<u>170</u>	<u>185</u>	
<u>Gravel med cemented</u>	<u>185</u>	<u>201</u>	
<u>Clay Lt. Brown med</u>	<u>201</u>	<u>230</u>	
<u>Clay Dk Brown w/ wood</u>	<u>230</u>	<u>250</u>	
<u>Clay Blue sticky</u>	<u>250</u>	<u>272</u>	
<u>Clay Lt. Grey sandy</u>	<u>272</u>	<u>294</u>	
<u>Clay Blue grey w/ clasp</u>	<u>294</u>		
<u>R/b</u>		<u>348</u>	
<u>Clay Grey w/ Blue sticky</u>	<u>348</u>	<u>419</u>	
<u>Clay Grey Brown sticky</u>	<u>419</u>	<u>451</u>	
<u>Clay Brown sandy w/ wood</u>	<u>451</u>	<u>469</u>	
<u>Clay Grey med w/ sand</u>	<u>469</u>	<u>571</u>	

Date started 5/13/01 Completed 4/15/01
(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 _____ WWC Number _____ 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 Rich Williams WWC Number 792 Date 6/13/01

JUN 29 2001

WATER RESOURCES DEPT.
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 36495
START CARD # 64201

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

(1) OWNER: Well Number _____
Name PAT O'meara
Address _____
City _____ State _____ Zip _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
8	1053	1140				

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>N/A</u>				<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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>N/A</u>	<u>PL</u>	<u>1</u>	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 CLACK Latitude _____ Longitude _____
Township 4 N or S Range 4 E or W. WM.
Section 6 SE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
720 ft. below land surface. Date 5/20/01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>N/A</u>	<u>PAGE 1</u>		

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay Blue Grey	571	623	
Clay Brown / Grey	623	638	
Sticky			
Clay Grey w/ Grey Clay	638	705	
stone Rock Like med			
BASALT Grey med	705	936	
BASALT Grey med HARD	936	960	720
w/ white Pcs.		960	
BASALT Grey med	960	1045	720
some Fractures			
BASALT Grey Ark Hard	1045	1165	720
BASALT Grey med -	1165	1389	720
some Fractures			
BASALT Grey HARD	1389	1404	720

Date started 5/13/94 Completed 4/5/01

(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 _____ Date _____ WWC Number _____

(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 Rich Willard WWC Number 792 Date 6/25/01