

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

WELL I.D. # L 50516
START CARD # 139282

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

(1) LAND OWNER Well Number _____
Name RICHARD CHEADLE
Address 28000 S. DRYLAND RD.
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 270 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	70	CEMENT	18	80	70 SACKS
10	70	80	BENT.	0	18	13 SACKS
8	80	270				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 150 ft. to 270 ft. Size of gravel SILICA SAND

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+1	170	.250	☒	☐	☒	☐
	6"	151	171	.250	☒	☐	☒	☐
	6"	186	204	.250	☒	☐	☒	☐
Liner:	5"	224	233	.258	☒	☐	☒	☐
	5"	260	270	.258	☒	☐	☒	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 170'

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☒ Screens Type V-WIRE Material S.S.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
171	186	.070		6"	p/s	☐	☒
204	224	.070		5"	p/s	☐	☒
233	260	.040		5"	p/s	☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
250	58		4 hr.

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Temperature of water 54 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 26 NE 1/4 NW 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
64 ft. below land surface. Date 9-7-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 102'

From	To	Estimated Flow Rate	SWL
ALL SAND & GRAVEL LAYERS	BELOW 102		64

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SEP 17 2001

(12) WELL LOG: Ground Elevation _____ WATER RESOURCES DEPT.
SALEM, OREGON

Material	From	To	SWL
SOIL	0	1	
CLAY BRN DRY	1	10	
CLAY BRN MOIST	10	15	
SILT BRN WET	15	22	
SILT GREY	22	35	
SILT GREY W/GRVL	35	45	
CLAY BLUE STICKY	45	47	
GRVL CEMENTED	47	60	
TIGHTLY CMTD GRVL W/ SOME CLAY	60	95	
CLAY GREY STICKY	95	107	
GRAVEL	107	110	
CLAY BLUE GRN	110	114	
GRVL DRY	114	116	
CLAY BRN & GREY	116	160	
SILTY CLAY GREY	160	165	
CLAYSTONE GREY	165	174	
PACKED SAND W/CLAY	174	176	
CONT.			

Date started 7-30-01 Completed 9-7-01

(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 Arnela Leon WWC Number 1768
Date 9-13-01

(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 Steven M. Studick WWC Number 688
Date 9-13-01

