

CLAC
57334

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 50528

START CARD # 142646

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

(1) LAND OWNER Well Number _____
Name PHYLLIS SCHNEIDER
Address 36612 S. FARM RD.
City MT. ANGEL State OR Zip 97362

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
8"	198	271				

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

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: ORIGINAL				<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: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:
 Perforations Method NONE
 Screens Type _____ Material _____

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
 Pump Bailer Air Flowing
 Artesian
Yield gal/min 150 Drawdown N/A Drill stem at _____ Time 1 hr.

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 6S N or S Range 1E E or W. WM.
Section 5 NE 1/4 SE 1/4
Tax Lot 1900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 36612 S. FARM RD.
MT. ANGEL, OR 97362

(10) STATIC WATER LEVEL:
151 ft. below land surface. Date 9-13-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 233'

From	To	Estimated Flow Rate	SWL
<u>233'</u>	<u>271'</u>	<u>150 GPM</u>	<u>151'</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
CLAYSTONE GREY HARD	198	224	
SILTSTONE BLUE	224	228	
SILTSTONE DARK GREY	228	233	
SANDSTONE GREY/GRN	233	271	151'

FOR ORIGINAL WELL LOG INFORMATION
SEE: CLACK 015156
7

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

RECEIVED
OCT 11 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-13-01 Completed 9-13-01

(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 9-24-01

(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 [Signature] WWC Number 688 Date 9-24-01