

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 56266
START CARD # 149449

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

(1) **LAND OWNER** Well Number _____
Name FRONTIER GOLF COURSE/JIM MICKELSON
Address 3391 N. HOLLY ST.
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			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>ORIGINAL</u>						
<u>8"</u>	<u>0</u>	<u>260</u>	<u>See original well report.</u>			

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

Backfill placed from 270 ft. to 268 ft. Material Cement
Gravel placed from 270 ft. to 217 ft. Size of gravel 6x9

(6) **CASING/LINER:**

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<u>5" drive shoe on top of 5" riser.</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Liner: 5" riser</u>	<u>217</u>	<u>238</u>	<u>.250</u>	<u>XX</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) Original 8" shoe @ 243'

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type V-WIRE Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>238</u>	<u>270</u>	<u>.070</u>		<u>5"</u>	<u>PS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>180</u>	<u>69'</u>		<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

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 3S N or S Range 1E E or W. WM.
Section 28 NW 1/4 NW 1/4
Tax Lot 1600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2965 N. HOLLY ST.
CANBY, OR 97013

(10) **STATIC WATER LEVEL:**
131 ft. below land surface. Date 11-5-02
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
<u>243'</u>	<u>270'</u>	<u>180+ GPM</u>	<u>131'</u>

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
<u>SILTSTONE SOFT W/ SAND</u>	<u>260</u>	<u>270</u>	
<u>THIS WELL WAS ORIGINALLY DRILLED IN 1980. BECAUSE OF A SAND PUMPING PROBLEM, WE REMOVED 6" PERFORATED LINER AND INSTALLED 5" STAINLESS STEEL SCREEN & FILTER PACK. WE DRILLED 10' DEEPER TO MAKE SURE WE WERE THROUGH THE WATER BEARING ZONE.</u>			
<u>ORIGINAL WELL CLACK 009705</u>			

Date started 10-23-02 Completed 11-5-02

(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 1768 Date 11-11-02

(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 11-11-02