

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

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

(1) LAND OWNER Well Number
Name JAMES D ERWIN - Misty Tree Farm
Address 29790 SE SHORGOILICK RD
City ESTACADA State OR Zip 97023

(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 342 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	60				
12"	60	267	Cement	0	267	69 sack
8"	267	342				+ 5% Bentonite

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: 8"	12	267	250	☒	☐	☒	☐
Liner: 6"	242	302	200	☐	☒	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 267

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☒ Screens Type PVC Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
302	342	20 slot		6"	4-10'	Screens	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
120+ _____ 340 _____ 1 hr.

Temperature of water 55 Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored Apr 12 2004
Depth of strata: _____

WATER RESOURCES DEPT
SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Clack Latitude _____ Longitude _____
Township 3 N or S Range 4 E or W. WM.
Section 15 NW 1/4 SW 1/4
Tax 2200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29790 SE SHORGOILICK RD ESTACADA OR 97023

(10) STATIC WATER LEVEL:

189 ft. below land surface. Date 4-7-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 315

From	To	Estimated Flow Rate	SWL
44	84	Sealed OFF	32
90	100	Sealed OFF	60
315	342	120+	189

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Clay Brown	1	28	
Clay Brown + Boulders	28	44	
Boulders + Gravel	44	84	32
Clay Tan	84	90	
Sand Brown	90	100	60
Clay Stone Brown	100	125	
Red Rock	125	145	
Rock Lava Soft Brown	145	158	
Clay Red	158	170	
Clay Brown	170	250	
Clay Blue	250	257	
Rock Lava Redundant	257	315	
Rock Lava Red	315	318	189
Rock Lava Redundant Breaker	318	320	
Rock Lava Redundant	320	330	
Rock Lava Red	330	335	
Rock Lava Redundant	335	342	

Date started 2-4-04 Completed 2-20-04

(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 Thomas Youngberg WWC Number 1512 Date 4-7-04

(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 W Youngberg WWC Number 257 Date 4-7-04