

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

JAN 07 2008

WELL ID. # L

74539

WATER RESOURCES DEPT.
SALEM, OREGON

START CARD #

191309

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

(1) LAND OWNER

Well Number
Name LAREN J. AND CAROL A. YOUNG
Address 22560 S. KIMRY RD.
City ESTACADA State ORE Zip 97023

(2) TYPE OF WORK

☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other

(4) PROPOSED USE

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Construction: ☐ Yes ☒ NoDepth of Completed Well 141 ft.Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE

Diameter	From	To	Material	From	To	Sacks or Pounds
10"	0'	72'	CEMENT	0	72	22
6"	72'	135'	CEMENT	135	151	8
6"	151'	151'				

SEAL

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: 6"	0'	151'	.1250	☒	☐	☒	☐
Liner: 4 1/2"	141'	151'	SPRNG	☐	☒	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 151'

(7) PERFORATIONS/SCREENS

☒ Perforations
☐ Screens

Method SKIL SAW
Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
151'	141'	1/8"	65			☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min 30 G.P.M. Drawdown _____ Drill stem at _____ Time 2 hr.

Temperature of water 49° 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 (legal description)

County CHACKAMAAS
Tax Lot 903 Lot Parcel 6 ???
Township 4S Range 4E E or W WM
Section 10 SE 1/4 SW 1/4

Lat: _____ " or _____ (degrees or decimal)

Long: _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 22560 S. KIMRY R.
ESTACADA, ORE. 97023

(10) STATIC WATER LEVEL

101 ft. below land surface. Date 12-01-07

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 155'

From	To	Estimated Flow Rate	SWL
156'	141'	30 G.P.M.	101'

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
SAIL BROWN	0'	2'	
CLAY RED	2'	23'	
BASALT GRAY	23'	72'	
SAFT	72'	81'	
BASALT GRAY W/EL	81'	94'	
BROWNS SAFT	94'	122'	
CLAY BROWN TO RED	122'	135'	
CLAY BROWN W/EL	135'	151'	
GRAY MEDIUM	151'	156'	
CLAY GRAY W/EL	156'	157'	
SAFT	157'	158'	
BASALT GRAY MEDIUM	158'	159'	
BASALT GRAY W/EL	159'	160'	
CLAY HARD	160'	161'	
BASALT GREEN	161'	162'	
BROKEN WATER BEARING	162'	163'	

Date Started 11-12-07 Completed 12-01-07

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

WWC Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

WWC Number 1621 Date 12-36-07Signed Laren J. Young