CLAC 65358

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.

WELL I.D. # L 26460
START CARD # W 129780

(1) LAND OWNER Well Number ____
Name HAZEL J. ROUD
Address 27426 HILLOCKBURN 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 155 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	35	Bentonite	0	25	42
6	35	155	open			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured
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	+1	59	200lb	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
12	24	STATIC 84	1 hr.

Temperature of water 52 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 45.21541 Longitude N122.30582
Township 4 ☐ N or ☒ S Range 4 ☒ E or ☐ W. WM.
Section 15 SW 1/4 SW 1/4
Tax Lot 0500 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 27426 HILLOCKBURN ESTACADA, OR 97023

(10) STATIC WATER LEVEL:
84 ft. below land surface. Date 9/15/08
Artesian pressure ____ lb. per square inch Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 135

From	To	Estimated Flow Rate	SWL
135	155	20	84

(12) WELL LOG:
Ground Elevation 1271'

Material	From	To	SWL
CLAY red w/small Boulders	0	7	
Decomposed ROCK	7	31	
ROCK GRAY HARD	31	135	
CLAY BROWN w/ Gravel streaks	135	155	84

RECEIVED
OCT 22 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date started 7/29/08 Completed 9/23/08

(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.
WWC Number ____
Signed ____ Date ____

(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.
WWC Number 1328
Signed [signature] Date 10/20/08

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER