

AC - New Well #3
Located: 21649 S. Springwater Rd.

WELL I.D.# L 33712
START CARD # 123122

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: Donna Weston Estate Homeowner's Assn.
Well Number 32-01
Address 21969 S. Woodland Way
City Estacada State Or Zip 97123

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 35 N or S Range 3E E or W, WM.
Section 24 1/4 SE 1/4 SE 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 21649 S. Springwater Rd., Estacada, Or

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 11-4-01
Artesian pressure _____ lb. per square inch Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 163
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
<u>148</u>	<u>165</u>	<u>274</u>	<u>68</u>

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
<u>8</u>	<u>0</u>	<u>80</u>	<u>grout</u>	<u>0</u>	<u>80</u>	<u>48 s.</u>
<u>8</u>	<u>80</u>	<u>163</u>	<u>grout</u>			

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 _____

(12) WELL LOG:
Ground Elevation _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<u>8</u>	<u>0</u>	<u>1</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Material	From	To	SWL
<u>Clay - brown</u>	<u>0</u>	<u>11</u>	
<u>Clay - light orange</u>	<u>11</u>	<u>26</u>	
<u>Clay - Cong. Tan</u>	<u>26</u>	<u>45</u>	
<u>Clay - boulders brown</u>	<u>45</u>	<u>83</u>	
<u>Clay - gran. brown</u>	<u>83</u>	<u>145</u>	
<u>Clay - gray</u>	<u>145</u>	<u>148</u>	
<u>Reinforced gravel</u>	<u>148</u>	<u>165</u>	<u>68</u>
<u>Clay - gray</u>	<u>165</u>	<u>168</u>	

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

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(7) PERFORATIONS/SCREENS:

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"/>

Date started 10-8-01 Completed 11-4-01

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Artesian
Yield gal/min 274 Drawdown 56 Drill stem at _____ Time 8 hr.

(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.
WVC Number _____
Signed _____ Date _____

Temperature of water 53 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: _____

(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.
WVC Number _____
Signed Debra McNeill Date 11-6-01