

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

CLAC

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MAY 19 1988

CLAC
 07748
 3s/w-4cd

(1) OWNER:

Name Jack Parsons
 Address P.O. Box 728
 City Canby State OR Zip 97013

Well Number 533

(9) LOCATION OF WELL by legal description:

County Clackamas Latitude _____ Longitude _____
 Township 3-5 N or S, Range 1-W E or W, WM.
 Section 4 SE $\frac{1}{4}$ SW $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 25460 S.W. Baker Rd.,
 Sherwood, OR 97140

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 175' ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12 1/2"	0'	78'	Cement	0'	78'	32 sacks
8"	79'	175'				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8"	+1'	80'	.025	<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"/>
					<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 30 GPM Drawdown _____ Drill stem at 150' Time 1 hr.

Temperature of water 56.0 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 Formation needed casing to impervious zone
 Depth of strata: 50-70' Signed _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date 5/2/88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
50'	70'	8 GPM	
120'	155'	30 GPM	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Clay	2	12	
Inner beds of Black Basalt & Clay	12	25	
Soft Brown Clay	25	50	
Soft Decomp. Brown Rock	50	70	
Med. Hard Gn/Brown. Basalt	70	75	
Hard Gray Basalt	75	85	
Hard Broken Gn/Basalt	85	90	
Hard Gray Basalt	90	120	
Hard Gn/Brown. Basalt	120	155	
Hard Gray Basalt	155	163	
Hard Blk. & Brown. Basalt	163	175	

Date started 4/25/88 Completed 5/2/88

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed _____ WWC Number 645
 Date 5/17/88

RECEIVED No. 3310
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MAY 25 1988

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

WATER RESOURCES DEPT.
SALEM, OREGON
APR 26 1988
WATER RESOURCES DEPT.
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Jack Parsons
P.O. Box 728
CANBY, ORG 97013

Proposed Commencement Date 4/18/88

Proposed Well Depth 200', Diameter 8"
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

Proposed Well Location: County CLACK
Township 3 (N of S) Range 1 (E of W) Section SEC 4

At least 2 of these must be provided
1. SE 1/4 of SW 1/4 of above section
2. street address of well location 25460 SW Baker Rd
Sheerwood 97140
3. tax lot number of well location _____
4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x Jack Parsons
Owner's Signature
Owner
Title
3/24/88
Date

x [Signature]
Authorized Water Well Constructor
License No. 645
Company Arrow Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

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