

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

00777

AUG 23 1989

(START CARD) # 9848

15/3E/34

(1) OWNER:

Name David Tillstrom

Address 23355 S.E. Borges rd

City Gresham State Ore Zip 97030

(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

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No ☒ Depth of Completed Well 360 ft.
Explosives used ☐ Type ☒ Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	50	cement	0	50	32 sacks
8	50	360				

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	+1	360	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 365

(7) PERFORATIONS/SCREENS:

☒ Perforations Method air knife
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
220	270	1/82	1000			☒	☐
290	330	1/8/2	700			☒	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300plus		320	1 hr.

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township 1s N or S, Range 3e E or W, WM.
Section 34 1/4 1/4
Tax Lot 00800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11251 SE. 232nd Av
Gresham, Oregon 97080

(10) STATIC WATER LEVEL:

123 ft. below land surface. Date 6/7/89

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 200

From	To	Estimated Flow Rate	SWL
200	350	300gpm	123

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
top soil	0	3	
red clay	3	23	
red clay /gravel	23	38	
cemented gravel	38	156	
loose dry gravel	156	200	
lightly cemented grevel	200	278	123
black sand	278	283	123
loose gravel	283	300	123
blue clay	300	305	
loose black fine gravel	305	320	123
lightly cemented gravel	320	330	123
blue clay	330	336	
yellow coarse sand	336	356	123
blue clay	356	365	
Recommended pump setting at 270 to 290 at not more than 300 gpm.			
Ideal pumping 250 gpm at 280 feet			

Date started 5/30 /89 Completed 6/7/ 89

(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 _____
Date 6-12-89