CLAC 8969

WATER WELL REPORT
STATE OF OREGON

CLAC 008969

RECEIVED
AUG 3 1982
WATER RESOURCES DEPT.
SALEM, OREGON

State Well No. 3S/1E-6bd
State Permit No.
Deepening

(1) OWNER:
Name Diane Golden
Address 24624 SW Gage Rd.
City Tualatin State Ore

(2) TYPE OF WORK (check):
New Well ☐ Deepening ☒ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary Air ☒ Driven ☐
Rotary Mud ☐ Dug ☐
Cable ☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐
Thermal: Withdrawal ☐ Reinjection ☐

(5) CASING INSTALLED:
Steel ☐ Plastic ☐
Threaded ☐ Welded ☐
..." Diam. from ... ft. to ... ft. Gauge ...
..." Diam. from ... ft. to ... ft. Gauge ...

LINER INSTALLED:
..." Diam. from ... ft. to ... ft. Gauge ...

(6) PERFORATIONS:
Perforated? ☐ Yes ☐ No
Type of perforator used
Size of perforations in. by in.
... perforations from ... ft. to ... ft.
... perforations from ... ft. to ... ft.
... perforations from ... ft. to ... ft.

(7) SCREENS:
Well screen installed? ☐ Yes ☐ No
Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☒ No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " "
Air test 40 gal./min. with drill stem at 340 ft. 1 hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water 52° Depth artesian flow encountered ft.

(9) CONSTRUCTION:
Special standards: Yes ☐ No ☒
Well seal—Material used
Well sealed from land surface to ft.
Diameter of well bore to bottom of seal in.
Diameter of well bore below seal in.
Number of sacks of cement used in well seal sacks
How was cement grout placed?
Was pump installed? NO Type HP Depth ft.
Was a drive shoe used? ☐ Yes ☐ No Plugs Size: location ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? ☐ Yes ☐ No Size of gravel:
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:
County Clackamas Driller's well number
SE ¼ NW ¼ Section 6 T. 3S R. 1E W.M.
Tax Lot # Lot Blk Subdivision
Address at well location: 24624 Gage Rd Tualatin Ore.

(11) WATER LEVEL: Completed well.
Depth at which water was first found 302 - 337 ft.
Static level 220 ft. below land surface. Date 8-27-82
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:
Diameter of well below casing 6"
Depth drilled 140 ft. Depth of completed well 340 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Hard Gray Basalt	200	302	
Brown Porous Basalt Mud	302	337	220
Hard Gray Basalt	337	340	

Work started 8-27 19 82 Completed 8-27 19 82
Date well drilling machine moved off of well 8-27 19 82

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Raymond R. Barton (Drilling Machine Operator) Date 8-27 19 82
Drilling Machine Operator's License No. 305

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Barton Drilling Inc. (Person, firm or corporation) (Type or print)
Address RT 3 Box 291A Sherwood
[Signed] Raymond R. Barton (Water Well Contractor)
Contractor's License No. 404 Date 8-27 19 82

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the WATER RESOURCES DEPARTMENT, SALEM, OREGON 97310 within 30 days from the date of well completion.

SP*12658-690

CLAC 8969

For Official Use Only:

Received Date: ____ County Well Log ID # ____ Well Identification Tag # 41264

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: VIRGINIA BENNETT

Mailing Address: P. O. Box 2177

City: WILSONVILLE State: OR Zip: 97070 Phone: (503-407-5776

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION: CLAC 8969

County: CLACKAMAS Owner's Well Number: ____

Township: 3S N or S, Range: 1E E or W, Section: 6 B ____ 1/4 ____ 1/4

Tax Lot Number: 1501 Type of Well: water supply ____ monitoring ____

Street Address of Well (if different from above): 24624 SW. GAGE Rd WILSONVILLE OR.

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: ____ Approx. Construction Date: ____

Well Constructor: ____

Name of Owner at Time of Construction: ____

Well Depth (in feet): ____ Static Water Level (in feet): ____

Diameter of Exposed Well Casing (in inches): ____

Does this well have a formal water right associated with it? Yes: ____ No: ____

If Yes: Application #: ____ Permit #: ____ Certificate #: ____

Please Return Completed Form to:

TO

Roger Wright
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97301-4172

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PREVIOUS VERSIONS SHOULD NOT BE USED

REVISED: 4/21/2000