

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

CLAC 9599

RECEIVED

AUG - 1 1988

35/E-25ba

(1) **OWNER:** Name LESLIE EMERY Well Number: _____
 Address 1901 SW CHILDS RD
 City LAKE OSWEGO State OR Zip _____

(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 164 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	1	20	GRANULAR			
10			BENTONITE	1	20	9
6	20	164				

How was seal placed: Method A B C D E
 Other GRANULAR BENTONITE METHOD
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 152 ft. to 164 ft. Size of gravel PEA

(6) **CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
					✓					
Casing: <u>6</u>		<u>0</u>	<u>120</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 120

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type PVC Material _____

From	To	Slot size	Number	Tele/pipe Diameter	Tele/pipe size	Casing	Liner
<u>112</u>	<u>152</u>	<u>40</u>	<u>1</u>	<u>RISER</u>	<u>5"</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>152</u>	<u>164</u>	<u>40</u>	<u>1</u>		<u>5"</u>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>36</u>	<u>17</u>		<u>5</u> 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 CLATSOP Latitude _____ Longitude _____
 Township 3S N or S, Range 1E E or W, WM.
 Section 25 NE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 22151 CENTRAL POINT RD

(10) **STATIC WATER LEVEL:**
28 ft. below land surface. Date July 28
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
<u>65</u>	<u>83</u>		<u>28</u>
<u>155</u>	<u>161</u>		<u>28</u>

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
SOIL	1	3	
CLAY BROWN	3	24	
CLAY GREY	24	33	
CLAY TAN	33	45	
CLAY BROWN SILTY	45	55	
CLAY RED SILTY	55	65	
CLAY RED & CEMENTED GRAVEL	65	74	
SANDSTONE RED	74	81	
SAND GREY & GREY CLAY	81	83	
CLAY GREY	83	113	
CLAY BLUE	113	155	
SAND	155	161	
CLAY BLUE	161	164	

Date started 27 July Completed 28 July 1988

(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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 773
 Signed Richard Beck Date 28 July 88

NO 3569
RECEIVED

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

JUL 28 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 LESLIE EMERY
1901 SW CHILDS
LAKE OSWEGO, OR

Proposed Commencement Date July 26

Proposed Well Depth 150, Diameter 6
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

Proposed Well Location: County CLACKAMAS
Township 3S (N or S) Range 1E (E or W) Section 25

At least 2 of these must be provided

1. N/E 1/4 of SW 1/4 of above section
2. street address of well location 22151 CENTRAL POINT
3. tax lot number of well location 500
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 [Signature]
Owner's Signature
owner
Title

x [Signature]
Borded Water Well Constructor

License No. 743
Company BECK WELL DRILLING

July 23, 1988
Date

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