

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

16
CLAC
20275

RECEIVED

MAY 23 1995

(START CARD) # 51414

3S/2E/24aa

Instructions for completing this report are on the last page of this form WATER RESOURCES DEPT.

(1) OWNER: Well Number _____

Name RON FERLAND
Address 17972 S. FIR CONE COURT
City OREGON CITY State OR Zip 97045

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 448 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	40	BENTONITE	0	40	29 SACKS
8	40	58				
8	221	311	CEMENT	230	311	20 SACKS
6	58	221				

How was seal placed 48 Method A B C D E
 Other PLACED DRY
Backfill placed from 58 ft. to 40 ft. Material BENTONITE
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	311	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	301	448		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 311

(7) PERFORATIONS/SCREENS:

Perforations Method SKILL SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
428	448	1/4	28			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
18.75		448	1 hr.

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: _____

(9) LOCATION OF WELL by legal description:
County CLACKAMAS Latitude _____ Longitude _____
Township 3S N or S Range 2E E or W. WM.
Section 24 NE 1/4 NE 1/4
Tax Lot 1701 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

S. KILL DEER RD., BEAVERCREEK, OR

(10) STATIC WATER LEVEL:
330 ft. below land surface. Date 3-29-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 407

From	To	Estimated Flow Rate	SWL
407	427	16	
427	448	18.75	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
CLAY RED	0	6	
CLAY WHITE	6	34	
CLAY BROWN	34	78	
CLAY GREY	78	123	
CLAY BLUE GREEN	123	142	
CLAY GREY SILTY	142	153	
CLAY BROWN	153	157	
CLAY BROWN GRAVELY	157	194	
CLAY GREY	194	209	
CLAYSTONE GREY	209	224	
CLAYSTONE/SANDSTONE/CONGLOM	224	236	
CLAY GREY WITH MICA	236	239	
SANDSTONE GREY	239	243	
CLAY GREY GRITTY	243	252	
CLAY BROWN GRITTY	252	262	
GREY HARD BASALT	262	276	
BASALT WEATHERED	276	281	
GREY BROWN WEATHERED	281	286	
VEVICULAR ROCK GREY HARD	286	303	
VEVICULAR BASALT	303	305	

Date started 2-27-95 Completed 3-29-95

(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.

Signed Paul A. [Signature] WWC Number 1487 Date 4-10-95

(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.

Signed Steven N. Studli WWC Number 688 Date 4-10-95

STATE OF OREGON
WATER WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

CLAC
20275

RECEIVED

MAY 23 1995

3s/2e/24aa

(START CARD) # 51414

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number _____
Name RON FERLAND
Address 17972 S. FIR CONE COURT
City OREGON CITY State OR Zip 97045

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

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

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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"/>

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

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

Pump Bailer Air Flowing Artesian

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 CLACKAMAS Latitude _____ Longitude _____
Township 3S N or S Range 2E E or W. WM.
Section 24 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
S. KILL DEER RD., BEAVERCREEK, OR

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
GREY HARD BASALT	305	336	
basalt grey med vesicular	336	342	
BASALT GREY HARD	342	361	
BASALT GREY WEATHERED VES.	361	374	
BASALT GREY HARD	374	391	
BASALT GREY MED FRACTURED	391	394	
BASALT GREY MED	394	407	
BASALT SEAMY BLACK	407	415	
BASALT FRACTURED BLACK W/ GREEN SEAMS	415	438	
BASALT BLACK BROKEN	438	447	

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038
829-2526

Date started 2-27-95 Completed 3-29-95

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well 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.

Signed [Signature] WWC Number 1487 Date 4-10-95

(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.

Signed [Signature] WWC Number 688 Date 4-10-95