

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

CLAG 03477 OCT 09

28/1E/28 66
 12239

(START CARD) #

(1) OWNER: Well Number: _____
 Name Robert D. Smets
 Address 2100 S. W. Borland Rd.
 City West Linn State OR Zip 97068

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 258	Cement/gel	0 55	11 sacks	
		Drill gel	55 175		
		Cemnt/gel	175 258	18 sacks	
6"	258 450				

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: 6"	+1	258	250	<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"/>
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:
 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 Drawdown Drill stem at Time

20		445	1 hr.
12		350	2 hrs.

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:
 Clackamas
 County _____ Latitude _____ Longitude _____
 Township 2 S N or S, Range 1 E E or W, WM.
 Section 28 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2100 S.W. Borland Rd.
West Linn, OR 97068

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 10/3/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 281

From	To	Estimated Flow Rate	SWL
281	305	5 gpm	79
305	450	15 gpm	79

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Fill	0	1	
Brown clay	1	5	
Soft brown silty clay	5	47	
Fine to med. coarse gravel	47	53	
Sticky gray-brown clay	53	59	
Sticky blue-gray clay	59	67	
Soft silty blue-gray clay	67	75	
Sticky gray-brown clay	75	89	
Brown clay w/coarse brown sand streaks/some wood	89	114	
Cemented sand & gravel	114	131	
Sticky dark brown clay	131	140	
Cemented sand & gravel	140	149	
Firm brown sandy clay	149	161	
Decomp. gray-brown basalt	161	174	
Sticky red laterites	174	232	
Firm decomp. brown basalt	232	240	
Firm gray-brown basalt	240	247	
Broken gray-brown basalt	247	255	
Firm gray-black basalt, occ. broken streak	255	281	
Soft black basalt	281	305	79
Firm gray-black basalt	305	450	79

Date started 9/27/89 Completed 10/3/89

(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.
 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 1256
 Signed [Signature] Date 10/5/89