

CLAC
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TR6 02073

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

92339

(START CARD) #

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

SALEM, OREGON

(1) OWNER: Well Number _____
Name Vasily Ivanov
Address 13355 Sunshine Ln
City Woodburn State Or Zip 97071(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 204 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____HOLE SEAL
Diameter From To Material From To Sacks or pounds
12 0 30 Bentonite 1 30 18 sacks
0 30 204How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Granular Bentonite methodBackfill 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: 12 0 204 25 ☒ ☐ ☒ ☐
Liner: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Final location of shoe(s) 204(7) PERFORATIONS/SCREENS/Drive Down
☒ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot Number Diameter Teflon/pipe size Casing Liner
139 198 118 8SD ☒ ☐

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

☐ Pump ☐ Bailor ☐ Air ☐ Flowing
Yield gal/min Drawdowns Drill stem at _____ Time
220 144 4 hrTemperature 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 5S N or S Range 1E E or W. WM.
Section 5 Se 1/4 Sw 1/4
Tax Lot 2300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
Stuwer Rd 30799 S STUWER RD(10) STATIC WATER LEVEL:
58 ft. below land surface. Date June 23
Artesian pressure _____ lb. per square inch. Date _____(11) WATER BEARING ZONES:
Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
40	204		58

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	1	3	
Clay, Brown	3	33	
Clay, Grey	33	44	
Cemented Gravel, Brown	44	58	
Clay, brown, sandy	58	65	
Gravel, black sand	65	76	
Clay, yellow	76	78	
Clay, blue	78	87	
Clay, grey, silty	87	93	
Sand and gravel	93	100	
Clay, blue	100	116	
Sand, black, fine	116	120	
Clay, grey	120	133	
Sand, Black w/ cemented gravel	133	151	
Clay, blue	151	169	
Clay, green, sandy	169	183	
Clay, grey	183	190	
Sand, small gravel	190	194	
Clay, blue	194	204	

Date started June 4 Completed June 23, 1996(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.Signed R. Bush WWC Number 74131
Date 17 July 1996

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CONTRACTOR

SEP 22 2014

OWRD