

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Rereview of Water Right Application G-19282
Date: December 11, 2024

The attached application was forwarded to the Well Construction Section by the Groundwater Section. Dennis Orlowski reviewed the application. Please see Dennis' Groundwater Review and the Well Reports.

Applicant's Well #1 (CLAC 54178): Based on a review of the Well Report, Applicant's Well #1 seems to protect the groundwater resource.

The construction of Well #1 may not satisfy hydraulic connection issues.

Applicant's Well #2 (CLAC 56492): Based on a review of the Well Report, Applicant's Well #2 seems to protect the groundwater resource.

The construction of Well #2 may not satisfy hydraulic connection issues.

Applicant's Well #3 (CLAC 75335): Based on a review of the Well Report, Applicant's Well #3 seems to protect the groundwater resource.

The construction of Well #3 may not satisfy hydraulic connection issues.

Applicant's Well #4 (CLAC 75720): Based on a review of the Well Report, Applicant's Well #4 seems to protect the groundwater resource.

The construction of Well #4 may not satisfy hydraulic connection issues.

Applicant's Well #5 (CLAC 72846): Based on a review of the Well Report, Applicant's Well #5 seems to protect the groundwater resource.

The construction of Well #5 may not satisfy hydraulic connection issues.

Applicant's Well #7 (CLAC 75843): Based on a review of the Well Report, Applicant's Well #7 seems to protect the groundwater resource.

The construction of Well #7 may not satisfy hydraulic connection issues.

CLAC
54178

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

WELL I.D. # 28524
START CARD # 120449

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

(1) OWNER: Well Number #1
Name Bill Patterson
Address P.O. Bx. 99
City Boonville State Or. Zip 97009

(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 280 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12"	0	65	Cement	0	193	51 Sacks	
10"	65	193					
8"	193	280					

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: 8"	+2	195	258	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	180	240	200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:							
<input type="checkbox"/> Perforations		Method					
<input checked="" type="checkbox"/> Screens		Type <u>1056T</u>		Material <u>POL</u>			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	280	1056T		6"	4-10"	<input type="checkbox"/> screen	<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

<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Time
40+	3"		1 hr.

Temperature of water 56 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 28 N or S Range 4E E or W. WM.
Section 31 NW 1/4 SE 1/4
Tax Lot 3900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29105 SE WEITZ Ln., Eagle Creek Or. 97022

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 12-17-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 248

From	To	Estimated Flow Rate	SWL
35	58	Sealed OFF	22
248	256	46+	

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DEC 22 1998

(12) WELL LOG:
Ground Elevation _____ WATER RESOURCES DEPT.
SALEM, OREGON

Material	From	To	SWL
Top Soil	0	2	
Clay + Balders	2	35	
Gravel + Balders	35	58	22
Clay Blue	58	65	
Clay Gray	65	160	
Clay Blue	160	170	
Clay Gray	170	210	
Clay Blue	210	215	
Clay Gray	215	235	
Clay Blue	235	248	
Sand Multi Colored	248	256	122
Clay Gray	256	270	
Clay Blue	270	280	

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FEB 23 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11-25-98 Completed 12-17-98
(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 Thomas Young WWC Number 1512 Date 12-17-98

(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 W. O. Young WWC Number 257 Date 12-17-98

(1) OWNER: Well No. L44582
 Name PATTERSON NURSERY SALES
 Address 14990 SE ORIENT DRIVE
 City BORING St OR Zip 97009

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: IRRIGATION

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO Depth of Compl. Well 280 ft
 Explosives used NO Type Amount

HOLE			SEAL			
Diam.	From	To	Material	From	To	Amount
14	0	62	CEMENT	0	62	39 SACKS
12	62	195	CEMENT	175	195	42 SACKS
8	195	280				

Seal placement method C

Backfill: from ___ ft to ___ ft Material
 Gravel: from ___ ft to ___ ft Size

(6) CASING/LINER:

	Diam.	From	To	Gauge	Material	Connection
Casing	10	+1	195	.250	STEEL	WELDED
	8	+2	210	.250	STEEL	WELDED

Liner

Final Location of shoe(s) 195' 9 1/2" TUBEX

(7) PERFORATIONS/SCREENS:

☐ Perf. Method
☐ Screens Type Material

From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner
------	----	-----------	--------	-------	----------------	--------------

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

Test type AIR

Yield GPM	Draw-down	Drill stem at	Time
80		280	1 hr.
80		280	2 hr

Temperature of water 54F Depth Artesian Flow Found
 Was water analysis done? NO By whom
 Reason for water not suitable for use
 Depth of strata

(9) LOCATION OF WELL by legal description:

County CLACK Lat. ° ' " Long. ° ' "
 Township 2 S Range 4 E WM.
 Section 31 NW 1/4 SE 1/4
 Tax Lot 3900 Lot Block Subdivision
 Street Address of Well (or nearest Address)
 29105 SE WEITZ ROAD EAGLE CREEK, OR 97022

(10) STATIC WATER LEVEL:

122 ft. below land surface. Date 1/25/01
 Artesian pressure ___ lb per square in. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 20		Est Flow Rate	SWL
From	To		
20	54	20+ GPM	18
240	260	80+ GPM	122

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
TOP SOIL	0	2	
SOIL & CLAY	2	4	
BROWN CLAY	4	10	
GRAVEL, BOULDERS & SAND	10	54	18
BLUE CLAY	54	90	
GRAY SAND & CLAY	90	111	
BLUE CLAY	111	146	
GRAY CLAY	146	192	
BLUE CLAY	192	240	
BLUE CLAY WITH SEAMS OF COARSE CEMENTED SAND	240	260	122
BLUE CLAY	260	280	

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FEB 01 2001

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 1/10/01 Completed 1/25/01

(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 my best 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 *Tea W. Vallance* WWC Number 616
 Date 1/30/01

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

CLAC 75335

10/18/2019

WELL I.D. LABEL# L 132924
START CARD # 1044096
ORIGINAL LOG #

Page 1 of 1

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company PATTERSON NURSERY SALES
Address PO BOX 99
City BORING State OR Zip 97009

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 380.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	161	Cement	0	161	80	S
6	161	380			Calculated	25	
					Calculated		

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 380
Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Johnson Material Stainless steel

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Screen	Casing		6	290	380	12			

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		380	2.5

Temperature 55 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 57 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM

Sec 31 SW 1/4 of the NE 1/4 Tax Lot 2700

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

29300 SE BURNETT RD EAGLE CREEK OR 97022

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	9/30/2019			178
Flowing Artesian?	<input type="checkbox"/>			
Dry Hole?	<input type="checkbox"/>			

WATER BEARING ZONES

Depth water was first found 365.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/30/2019	365	380	100			178

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown clay w/ cobbles/boulders	0	64
Gray clay	64	81
Blue clay	81	89
Brown clay	89	110
Gray clay	110	125
Brown clay	125	138
Gray clay	138	164
Brown clay	164	210
Gray clay	210	263
Small white gravel w/ wood	263	365
Gray gravel w/ seams of blue clay	365	375
Gray gravel w/ seams of blue clay	365	375
Brown sandstone	375	380

Date Started 8/2/2019

Completed 9/30/2019

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1738 Date 10/18/2019

Signed VANCE WAGNER (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1738 Date 10/18/2019

Signed VANCE WAGNER (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

STATE OF OREGON

CLAC 75720

WELL I.D. LABEL# L

137479

WATER SUPPLY WELL REPORT

START CARD #

1046843

(as required by ORS 537.765 & OAR 690-205-0210)

4/16/2020

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company PATTERSON NURSERY SALES

Address P.O. BOX 68

City EAGLE CREEK State OR Zip 97022

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 329.00 ft.

BORE HOLE			SEAL			Amt	sacks/
Dia	From	To	Material	From	To		
12	0	190	Cement w/2% Bentonite	0	190	11566	P
8	190	329				Calculated 5133.76	
						Calculated	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 261

Temp casing ☒ Yes Dia 12 From + ☒ 2 To 71

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type factory slotted Material pvc

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner		6	249	329	.32			

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
120	105	252	1

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 109 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM

Sec 31 SW 1/4 of the NE 1/4 Tax Lot 2700

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

29105 SE WIETZ LN

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	4/15/2020			141
Flowing Artesian?	<input type="checkbox"/>			
Dry Hole?	<input type="checkbox"/>			

WATER BEARING ZONES

Depth water was first found 50.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/9/2020	50	64	20			22
4/15/2020	260	315	120			141

(11) WELL LOG

Ground Elevation _____

Material	From	To
top soil	0	1.5
cobbles & brown clay	1.5	12
gravel w/ cobbles	12	64
gray clay	64	120
blue / gray sandy clay	120	148
blue/ gray claystone	148	252
brown sandstone	252	260
coarse black sandstone w/ pumice w/b	260	281
blue/ gray claystone w/ coarse black s.s	281	315
blue/gray clay	315	329

Date Started 4/7/2020

Completed 4/15/2020

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1771 Date 4/16/2020

Signed GEORGE YOUNGBERG (E-filed)

Contact Info (optional) Youngberg Pump and Well Drilling ph. 503-630-3970

WELL I.D. LABEL#	L	118532
START CARD #		212551
ORIGINAL LOG #		

WELL I.D. LABEL#	L118532
START CARD #	212551
ORIGINAL LOG #	

[illegible]

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt lbs	
			Cement	35	175	145	S
					Calculated	37	
					Calculated		
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK			
From	To	Material	Size
250	432	Gravel	pea

[illegible][illegible]

Bottom of the 6" has a welded steel plate.
Diameters are nominal.
Annulus from 175' to bottom of 12" casing has slough.

Patterson - Well # 5 Replacement
Start Card # 212551 - Well Tag ID # L 118532
Formation Log
by Schneider Water Services

<u>FM</u>	<u>TO</u>	<u>DESCRIPTION</u>
0	2	Topsoil
2	7	Cobbles and gravel, with clay, tan soft, with sand brown, medium-fine
7	49	Cobbles and gravel, with sand brown, medium-fine
49	51	Clay, brown, medium, sandy
51	90	Clay, blue-grey, soft-medium, sticky
90	133	Sand, grey and black, fine
133	193	Clay, green, medium
193	204	Clay, dark grey, soft-medium, sticky
204	216	Clay, grey, medium
216	224	Clay, dark brown, soft-medium
224	229	Clay, dark grey, with sand, dark grey, cemented, hard
229	232	Sand, dark grey, fine
232	234	Clay, green, soft
234	236	Sand, black, medium-coarse, occasional gravel, 1/4" minus
236	238	Clay, grey, medium
238	240	Claystone, light grey, with sand, medium-coarse
240	250	Clay, green, medium
250	260	Clay, grey, soft-medium, silty
260	284	Clay, green medium
284	292	Clay, grey, medium
292	293	Clay, green, medium
293	301	Clay, blue, medium
301	310	Clay, brown, medium, sticky
310	313	Clay, multicolored, soft
313	315	Clay, red, soft-medium
339	349	Clay, brown, medium, some sand, brown, fine-medium
349	351	Pumice, grey, medium
351	358	Clay, brown, medium
358	363	Sand, grey, medium-fine
363	367	Clay, light brown, medium
367	372	Clay, brownish red, soft-medium, with cemented sand, grey, medium-fine
372	390	Sand, multicolored, fine-course
390	411	Siltstone, brown, hard, with some rock
411	422	Sandstone, grey, soft-hard, with some rock
422	442	Rock, grey, medium, some fractures, some weathering, occasional rock, brown, medium
442	444	Rock, brown and grey, soft-medium, with clay, grey hard
444	446	Rock, grey & brown, soft-medium, with clay grey hard

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NW1/4 SECTION 31 T.2S. R.4E. W.M.
CLACKAMAS COUNTY

$$\frac{28700}{100} = 287$$

25 30
28200
36 31

MAR 06 2017

SALEM, OR

29200
22500

STATE HIGHWAY

ABANDONED R/R R/W TAXLOT NO. 224

~~R.R.F.F-5~~

1995-29

~~RRFF-5/HL~~

E.F.U.

108-03

23000

SEE MAP 2 4E 3ID

23500

2 4E 31B
BOOK 22

SEE MAP 2 3E 36

SEE MAP 2 4E 31

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company PATTERSON NURSERY SALES
Address PO BOX68
City EAGLE CREEK State OR Zip 97022

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 400.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
12	0	161	Cement w/2% Bentonite	0	80	4700 P
8	161	400				Calculated 2161.58
			Bentonite Chips	80	161	48 S
						Calculated 45.93

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other POURED & HYDRATED

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	3	363	12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	246	306	200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	384	390	200	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 363

Temp casing ☒ Yes Dia 12 From + ☒ 1 To 80

(7) PERFORATIONS/SCREENS

Perforations Method push down perforator

Screens Type		factory slot		Material pvc			
Perf/	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots
Screen	Casing	8	250	360	.25	1	2040
Screen	Liner	6	306	346	.32		
Screen	Liner	6	346	366	.35		
Screen	Liner	6	366	384	.1		
Screen	Liner	6	390	400	.1		

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
180	62	336	8

Temperature 57 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 112 ppm
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM

Sec 31 SW 1/4 of the NE 1/4 Tax Lot 2700

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

29105 SE WIETZ LN

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	6/18/2020			137.3
Flowing Artesian?	<input type="checkbox"/>			
Dry Hole?	<input type="checkbox"/>			

WATER BEARING ZONES

Depth water was first found 250.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/18/2020	250	360	180			137.3

(11) WELL LOG

Ground Elevation _____

Material	From	To
brown clay	0	6
gravel & cobbles	6	68
blue/gray clay	68	86
gray gritty clay	86	105
blue / gray claystone	105	179
gray claystone	179	211
blue claystone	211	258
sandstone w/ pumice	258	317
sanstone coarse	317	365
cemented gravel	365	391
gray claystone	391	400

Date Started 6/3/2020 Completed 6/18/2020

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1771 Date 6/24/2020

Signed GEORGE YOUNGBERG (E-filed)

Contact Info (optional) Youngberg Pump & Well Drilling ph. 503-630-3970

