

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Review of Water Right Application G-19431
Date: May 13, 2025

The attached application was forwarded to the Well Construction Section by the Groundwater Section. Gabriela Ferreira reviewed the application. Please see Gabriela's Groundwater Review and the Well Report.

Applicant's Well #1 (CLAC 73540): 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.

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL I.D. LABEL# L 126854

START CARD # 1036509

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
 First Name CHRIS Last Name COPP
 Company _____
 Address PO BOX 55700
 City PORTLAND State OR Zip 97238

(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 180 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	49	Bentonite	0	5	6	S
7.62	49	180				3	
						Calculated	
			Cement	-5	49	60	S
						Calculated	13

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

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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 180
 Temp casing ☒ Yes Dia 10 From + 0 To 49

(7) PERFORATIONS/SCREENS

Perforations Method AIR KNIFE

Screens Type _____ Material _____

Perf/Screen	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	6	160	180	.125	2	300	

(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		180	2

Temperature 51 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 67
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 2 S N/S Range 3 E E/W WM
 Sec 20 1/4 of the 1/4 Tax Lot 301
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.376644 DMS or DD
 Long _____ " or -122.46482 DMS or DD
☒ Street address of well ☐ Nearest address

19470 S BAKERS FERRY ROAD OREGON CITY OR 97045

(10) STATIC WATER LEVEL

Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration		
Completed Well	10-04-2017	65
Flowing Artesian?		
Dry Hole?		

WATER BEARING ZONES

Depth water was first found 160

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-04-2017	160	180	100		65

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	1
BROWN CLAY	1	4
COARSE GRAY & RED GRAVEL	4	13
COARSE GRAY GRAVEL	13	18
GRAY CLAY	18	45
GRAY GRAVEL	45	60
BROWN SANDY GRAVEL	60	119
MEDIUM MULTI-COLORED GRAVEL	119	136
MEDIUM COARSE MULTI-COLORED GRAVEL	136	
WITH COARSE SAND		155
MEDIUM MULTI-COLORED GRAVEL WITH	155	
RED VOLCANIC		161
MEDIUM MULTI-COLORED GRAVEL WITH	161	
COARSE SAND		180

Date Started 09-29-2017

Completed 10-04-2017

(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.

RECEIVED BY OWRD

License Number _____ Date _____

Signed _____ NOV 20 2017

(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 11-10-2017

Signed _____

Contact Info (optional) OLSEN-BULLIAM WELL DRLG 503-665-3353

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95