

CLAC 50729 CLAC 50729

AMENDMENT

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

(START CARD) # 85648

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

(AMENDMENT)

(1) OWNER: Well Number 353
Name Vernon Bruck
Address 28505 SW Grahams-Ferry Rd.
City Wilsonville State OR. Zip 97070

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 3 N or S Range 1 E or W. WM.
Section 18 SE 1/4 SE 1/4
Tax Lot 3500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29250 Bruck lane

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

(10) STATIC WATER LEVEL:
87 ft. below land surface. Date 6/19/96
Artesian pressure _____ lb. per square inch. Date _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 170

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

From	To	Estimated Flow Rate	SWL
170	185	40	87

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 90 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10	0 25	cement	0 25	cement	
8	25 160	cement	25 160	25	
6	160 190				

(12) WELL LOG:
Ground Elevation _____

How was seal placed: Method A B C D E
 Other taped off with bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Material	From	To	SWL
clay brown	0	25	
clay/sand fine brown	25	45	
clay gray	45	145	
sandstone brown	145	170	
sandstone gray	170	185	87
sandstone brown	185	190	

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 6 +2 160 1/4
Liner: _____

Date started 4/18/96 Completed 4/19/96

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Method		Material	Casing	Liner
			Type	Number			
						<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"/>

(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.

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing
Yield gal/min 40 Drawdown _____ Drill stem at _____ Time 1 hr.
Temperature of water 56 Depth Artesian Flow Found _____

Signed [Signature] WWC Number 1622
Date 6/20/96

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: _____

(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 663
Date 6/20/96

035/018/1800
WELL I.D.# 401725

CLAC 50829
CLAC 50829 JUL 19 1996

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

WATER RESOURCES DEPT. (START CARD) # 85648
OREGON

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

(1) OWNER: Well Number 353
Name Vernon Bruck
Address 28505 SW Grahams-Ferry Rd.
City Wilsonville State OR. Zip 97070

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	25	cement	0	25	cement
8	25	160	cement	25	160	25
6	160	190				

How was seal placed: Method A B C D E
 Other toped off with bentonite
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	+2	160	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 160 under

(7) PERFORATIONS/SCREENS:

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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 40 Drawdown _____ Drill stem at 190 Time 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 Clack Latitude _____ Longitude _____
Township 3 N or S Range 1 E or W. WM.
Section 18 SE 1/4 SE 1/4
Tax Lot 3500 Lot _____ Block _____ Subdivision _____
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Date started 6/18/96 Completed 6/19/96

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Signed [Signature] Date 6/20/96

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WWC Number 663
Signed [Signature] Date 6/20/96



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED BY OWRD

APR 28 2014

Do not complete if the well already has a Well I.D Number.

SALEM, OR

I. OWNER INFORMATION

Current Owner Name (please print): Vernon Bruck
Mailing Address: PO Box 2837
City, State, Zip: Wilsonville, OR 97070
Address to send Well I.D. Tag: Same
City, State, Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 35 (North/South) Range: 1E (East/West) Section: 8 17
Tax Lot: 801 County Clackamas 1/4 1/4
Street Address of Well, City: 29250 S.W. Bruck LN
Owner at time the well was constructed, (if known): Vernon Bruck
If the property had a different street address in the past: No

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: Total Well Depth: Casing Diameter:
Other Information:

SUBMITTED BY (please print): Vernon Bruck
PHONE: (503) 682-5749 FAX: (503) 682-5923

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

* ORIGINAL TAG #L-1725 LOST!

For Official Use Only by the Oregon Water Resources Department:
Received Date: 4-28-14 Well Log Number: CLAC 50729 Well Identification #: L-114340