

STATE OF OREGON

WATER SUPPLY WELL REPORT
(as required by ORS 516.030)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L ABANDONMENT
START CARD # 136736

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

(1) **LAND OWNER** Well Number 4
Name CITY OF LAKE OSWEGO
Address P.O. BOX 369
City LAKE OSWEGO State OR Zip 97034

(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 ABANDONMENT

(5) **BORE HOLE CONSTRUCTION:**
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 0 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16	0	235	CEMENT	-2	30	33	SACKS
12	235	445	CONCRETE	30	445	29	YARDS

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: 16	0	30	.375	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner: NONE				☐	☐	☐	☐
				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
☐ Perforations Method NO PERFORATIONS
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☐ Air	☐ Flowing
			☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
NONE			1 hr.

Temperature of water 55 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 2S N or S Range 1E E or W. WM.
Section 2 SW 1/4 SW 1/4
Tax Lot 2101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
101 FOOTHILLS RD., LAKE OSWEGO, OR

(10) **STATIC WATER LEVEL:**
22 ft. below land surface. BEFORE Date 10-13-00
Artesian pressure _____ lb. per square inch. ABANDONMENT Date _____

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

From	To	Estimated Flow Rate	SWL
UNKNOWN			

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
THIS WELL WAS CITY OF LAKE OSWEGO WELL #4. CLACKO2965.			
WE VIDEOED WELL PRIOR TO ABANDONMENT, BOTTOM OF WELL WAS 445'. EXISTING INFO HAD ORIGINAL WELL DEPTH AT 476'.			
WELL HAD 30' OF 16" CASING WITH CONCRETE SEAL 0-30'.			
WE PUMPED CONCRETE MIXTURE OF 1 PART 3/8 PEA GRAVEL TO 1 PART SAND & 6 SACKS CEMENT PER/YARD FROM 445' UP TO 30'.			
NEAT CEMENT WAS PLACED FROM -2 TO 30'. CASING WAS CUT OFF 1' BELOW GROUND.			

Date started 10-16-00 Completed 11-7-00

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 688
Signed Steven M. Stash Date 11-13-00