CLAC 60382

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

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

(WELL I.D.)# L 69296
(START CARD) # 165290

(1) OWNER: Well Number _____
Name Milofey Krivoshein
Address P.O. Box 256
City Scotts Mills State Oregon Zip 97375

(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 330 ft.
Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	38	bentonite	0	38	18
8	38	330				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other poured and probed
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"	+24"	330	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) n.a.

(7) PERFORATIONS/SCREENS:
☑ Perforations Method torch
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
290	330	1/2x3	160		6"	☑	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30	205	300	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 6S N or S Range 1E E or W WM.
Section 15 NW 1/4 NE 1/4
Tax Lot 301 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 387321 S Nowlens Bridge Rd
Molalla Oregon 97038

(10) STATIC WATER LEVEL:
135 ft. below land surface. Date 5-13-04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 290

From	To	Estimated Flow Rate	SWL
290	322	30 gpm	135

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
topsoil brown	0	1.5	
clay brown	1.5	12	
shale medium gray	12	22	
shale hard gray	22	105	
shale hard redish gray	105	168	
shale hard gray	168	245	
shale hard bluish gray	245	290	
shale hard gray fractured	290	322	135
shale hard gray	322	330	

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AUG 23 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 4-29-04 Completed 5-13-04

(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 1665
Signed Phillip Newell Date 6-03-04

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