CLAC 60383

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

(WELL I.D.)# L na
(START CARD) # 165292

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

(1) OWNER: Well Number

Name Delores Williams
Address 16606 Forest Glen Ln
City Mulino State Oregon Zip 97042

(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 na ft.
Explosives used ☐ Yes ☑ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	15	bentonite	0	15	12

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:	n.a.				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☐ Perforations Method
☐ 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
			1 hr.

Temperature of water 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 5S N or S Range 2E E or W WM.
Section 2 SE 1/4 NW 1/4
Tax Lot 509 Lot Block Subdivision
Street Address of Well (or nearest address) 16606 Forest Glen
Mulino Oregon 97042

(10) STATIC WATER LEVEL:
ft. below land surface. Date
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
10	15	4 gpm	8

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
topsoil brown	0	1.5	
clay brown	1.5	10	
clay with cobbles	10	15	8
drilled and then abandoned after drill			
site changed			

RECEIVED
AUG 23 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-15-04 Completed 7-18-04

(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 8-10-04

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