

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 84619

START CARD # 189778

(1) LAND OWNER Owner Well I.D. _____
 First Name Dale Last Name Hult
 Company _____
 Address 13795 se leann ct
 City Boring State OR Zip 97009

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

(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 210. ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10.	0	110	Cement	0	110.	21.	S
6.	110.	210.					

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☒	6.	☒	1.	119.	.250	☒	☒	☒	☒
☐	☐	4.	☐	100.	210.	160	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) 0

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method factory

Screens Type slotted Material pvc

Perf/	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
☒	☒	☒	4.	160.	170.	10.	10.		4.
☐	☐	☐							
☐	☐	☐							
☐	☐	☐							

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
27.	130.	210	1.

Temperature 52 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 2. S N/S Range 4. E E/W WM
 Sec 25 SE 1/4 of the SE 1/4 Tax Lot 2900

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

39711 se allgeier rd. Sandy OR 97055

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	11-07-2006			80.

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 160.

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-07-2006	160.	175.	27.			80.

(11) WELL LOG

Ground Elevation 800.

Material	From	To
top soil	0	1.
red clay	1.	18.
brown clay	18.	73.
tan clay	73.	78.
brown clay	78.	90.
brown clay with rocks	90.	175.
sandy tan clay	175.	210.

RECEIVED

RECEIVED

APR 10 2009

WATER RESOURCES DEPT
 SALEM OREGON

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 11-03-2006 Completed 11-07-2006

(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.

License Number _____ Date _____

Password : (if filing electronically) _____

Signed _____

(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 1380 Date 11-07-2006

Password : (if filing electronically) _____

Signed *Al McElly*

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.89