CLAC 64788

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 96801

START CARD # 189785

(1) LAND OWNER

Owner Well I.D. _____

First Name Don Last Name Marjama
Company _____
Address 11641 SE Bluff Rd.
City Sandy State OR Zip 97055

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 123 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amt	sacks/ lbs
10"	0	30	Bentonite	0	30	24	S
6"	30	123					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other poured dry bentoni
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"	[X]	1	123	250	(•)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 123
Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method air knife
Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Sern/slot width	Slot length	# of slots	Tele/ pipe size
	Casing	6"	~~100~~ 1	123	.25	1	414	

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
34	60'	123	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 1 S N/S Range 4 E E/W WM
Sec 35 NW 1/4 of the SW 1/4 Tax Lot 03501
Tax Map Number _____ Lot _____
Lat ___° ___' ___" or _____ DMS or DD
Long ___° ___' ___" or _____ DMS or DD
(•) Street address of well ( ) Nearest address

36280 SE Hauglum Rd. Sandy, OR 97055

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	03-28-2008		[X]	64

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
03-28-2008	95'	123	34		[X]	64
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation 800

Material	From	To
Top Soil	0	2
Red Clay	2	12
Brown Clay	12	25
Boulders and Gravel	25	70
Gravel	70	123

RECEIVED
JUN 0 2 2008
WATER RESOURCES DEPT.
SALEM, OREGON

Date Started 03-26-2008 Completed 03-28-2008

(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 04-07-2008
Password : (if filing electronically)
Signed [signature]
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