

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

WELL I.D. # 32332
START CARD # 184048

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

(1) LAND OWNER Well Number _____
Name Steve Dorn
Address 20488 Redland Rd
City OREGON CITY State ORE Zip 97045

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

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 218 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL		
Diameter	From	To	Material	From	To
12	0	68	Cemen	0	68
8	68	218			

Sacks or Pounds 85

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 90 ft. to 218 ft. Size of gravel 1/2" Pea

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8	+1.5	70	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4 1/2	8	218	SOR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

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

(7) PERFORATIONS/SCREENS
☒ Perforations Method SKIL SAW
☐ Screens Type _____ Material _____

From	To	Slot Number	Diameter	Tele/pipe size	Casing	Liner
138	218	1878	192		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min 50 Drawdown 58' Drill stem at 3 hrs Time _____

Temperature of water 52 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom NO

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Clackamas
Tax Lot 1500 Lot _____
Township 3 N or S Range 3 E or W WM
Section 21 NE 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Same as #1

(10) STATIC WATER LEVEL
132 ft. below land surface. Date 8-15-2008
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 175

From	To	Estimated Flow Rate	SWL
175	207	50	132

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
SOIL Brown	0	2	
Clay Red-Brown	2	28	
Clay yellow soft			
w/ Fine Sand	28	36	
Clay Gray sticky	36	109	
Clay Grey w/ Claystone	109	175	
Pieces			
Clay Dark Grey	175	207	132
w/ coarse Sand			
Streaks			
Clay Blue sticky	207	218	132

Date Started 7-28-2008 Completed 8-15-2008

(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.

WWC Number _____ Date _____

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.

WWC Number 792 Date 8-30-2008

Signed Rick Wallart Rick Wallart Well Drilling

OCT 30 2008

SEP 10 2008

ORIGINAL - WATER RESOURCES DEPARTMENT
WATER RESOURCES DEPT
SALEM, OREGON

FIRST COPY - CONSTRUCTOR
WATER RESOURCES DEPT
SALEM, OREGON

SECOND COPY - CUSTOMER 06/16/2004