

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. # 16472
START CARD # W172978(1) LAND OWNER Well Number _____
Name MICHAEL GUTHALL
Address 23230 SE Hwy 224
City CLACKAMAS State OR Zip 97015(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 270 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	50	Concrete	0	50	53
8	50	96	Gravel	50	96	
6	96	270	Casing			

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

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 60 ft. to 96 ft. Size of gravel Pea 4

(6) CASING/LINER:

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 198(7) PERFORATIONS/SCREENS:
☒ Perforations Method Miles knife
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90	96	4/4	27	6		☒	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time

10	2		1 hr.
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Temperature of water 52 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 45.36541 Longitude 122.59856Township 2 N or S Range 3 E or W. WM.Section 15 1/4 _____ 1/4 _____Tax Lot 8800 Lot _____ Block _____ Subdivision _____Street Address of Well (or nearest address) 23230 SE Hwy 224 Clackamas, OR 97015

(10) STATIC WATER LEVEL:

8 ft. below land surface.Date 8/28/09

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 98

From	To	Estimated Flow Rate	SWL
98	106	20	8

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Med. Boulders	1	12	
Clay Blue	12	96	
Sand Fine	96	106	8
Clay Blue	106	270	

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SEP 24 2009

WATER RESOURCES DEPT
SALEM, OREGON

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DEC 17 2009

WATER RESOURCES DEPT
SALEM, OREGONDate started 5/1/09 Completed 8/28/09

(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 _____

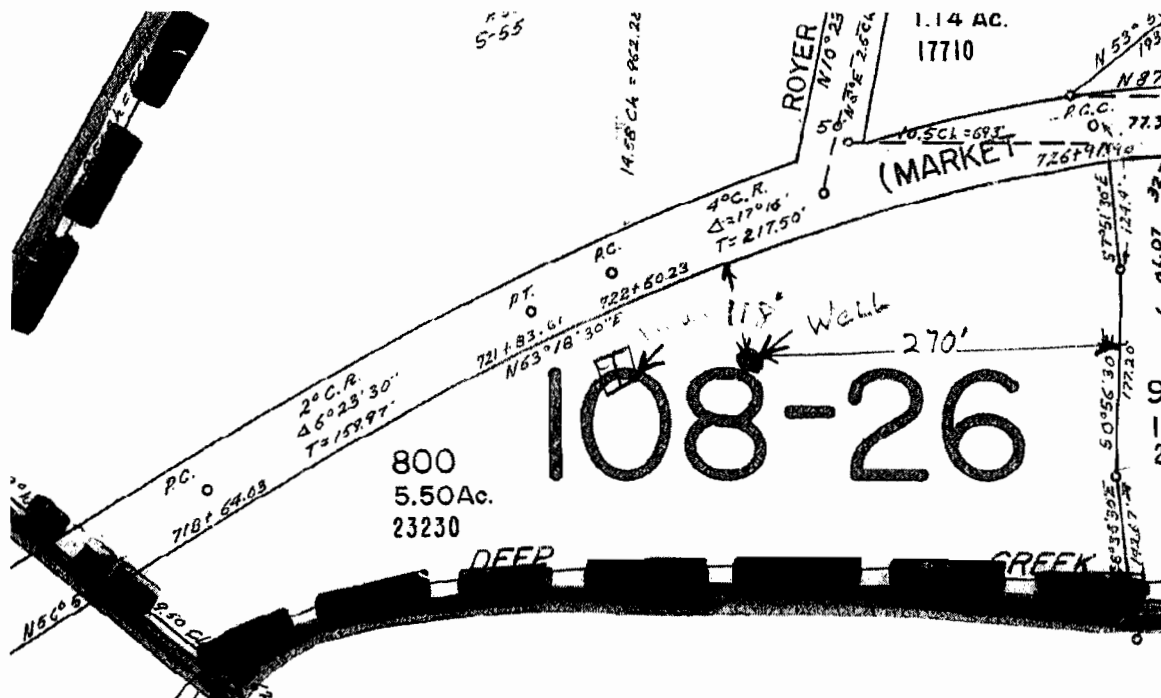
(bonded) Water Well Constructor Certification:

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 1328Signed Michael D. Smith Date 9/23/09

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

EXEMPT USE WELL LOCATION MAP



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OCT 15 2009

WATER RESOURCES DEPT
SALEM, OREGON**Clackamas County**

Assessor Map Reference Number: 2S 3E 15 NENW Tax Lot 0800

Street Address of Well, if Available: 23230 Highway 224, Clackamas, OR

Well Label (ID) # L 76472

(Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.) MAP NOT TO SCALE

LAND OWNER SUBMITTED MAP