CLAC 66416

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

WELL LABEL # L
START CARD # 18978

(1) LAND OWNER — Owner Well I.D.
First Name Roy, Wanda Last Name Michael
Company
Address 35301 SE Hwy 211
City Boring State Ore 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 No Rig

(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 20 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
5"	0	20	3/4 - Gravel	10'	20'	7 yards	
			Concrete	10'	3'	2 yards	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured From Top
Backfill placed from 10 ft. to 20 ft. Material 3/4 - Gravel
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
0	0		0	0	0				

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
◯ Pump ◯ Bailer ◯ Air ◯ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
Dry No Water			

Temperature °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Clackamas Twp 2S N/S Range 4E E/W WM
Sec 22 SW 1/4 of the NE 1/4 Tax Lot 1901
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◯ Street address of well ◯ Nearest address
35301 SE Hwy 211 Boring Or.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	No water			

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES — Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
None						

(11) WELL LOG — Ground Elevation 800'

Material	From	To
Cement	3'	10'
Gravel 3/4"	10'	20'

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JUN 08 2012
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
OCT 21 2009
WATER RESOURCES DEPT
SALEM, OREGON

6/29/09 6/29/09

Date Started 10/24/09 Completed 10/24/09

(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 6/29/09
Password . (If filing electronically)
Signed
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

CLAC 66416

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

WELL LABEL # L [ ]
START CARD # 189787

(1) LAND OWNER
Owner Well I.D. ____
First Name Roy, Wanda Last Name Michael
Company ____
Address 35301 S.E. Hwy 211
City Boring State Ore 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 No Rig

(4) PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other ____

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well 20 ft.

BORE HOLE

Dia	From	To
5"	0	20

SEAL

Material	From	To	Amt	sacks/ lbs
3/4 - Gravel	10'	20'	7 yards	
Concrete	10'	3'	2 yards	

How was seal placed: Method ☐A ☐B ☐C ☐D ☐E
☒ Other Poured From Top
Backfill placed from 10 ft. to 20 ft. Material 3/4 - Gravel
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
0		0		0	0	0				

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) ____
Temp casing ☐ Yes Dia ____ From ____ To ____

(7) PERFORATIONS/SCREENS
Perforations Method ____
Screens Type ____ Material ____

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
○ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
Dry No Water			

Temperature ____ °F Lab analysis ☐ Yes By ____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Jackson Twp 25 N/S Range 4 E E/W WM
Sec 22 S.W 1/4 of the NE. 1/4 Tax Lot 1901
Tax Map Number ____ Lot ____
Lat ° 0 ' ____ " or ____ DMS or DD
Long ° 0 ' ____ " or ____ DMS or DD
○ Street address of well ○ Nearest address
35301 SE Hwy 211 Boring Or.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	No Water			

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found ____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
None						

(11) WELL LOG
Ground Elevation 800'

Material	From	To
Cement	3	10
Gravel 3/4 -	10	20

RECEIVED
OCT 21 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10/24/09 Completed 10/24/09

(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 6/29/09
Password : (if filing electronically) ____
Signed Jim Mebbett
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