

Clac 66434

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 92636

START CARD # 1005266

(1) LAND OWNER Owner Well I.D. _____

First Name RACHEL Last Name MALONADO
 Company _____
 Address 33022 S KROPF RD
 City CANBY State OR Zip 97013

(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 490 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	S
12	0	97	Cement	0	97	50	S
11.75	97	470	Cement	97	125	20	S
10	470	490					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 125 ft. to 300 ft. Material pea gravel Size pea gravel
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	1.5	480	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 10 From 0 To 470

(7) PERFORATIONS/SCREENS

Perforations Method holt
 Screens Type alloy machine v Material 304 stainless

Perf/S	Casing/	Screen	From	To	Scrm/slot	Slot	# of	Tele/
creen	Liner	Dia			width	length	slots	pipe size
Perf	Casing		127	135	.05	.75	160	
Perf	Casing		290	303	.05	.75	260	
Screen	Casing	8	310	320	.06			
Perf	Casing		408	423	.05	.75	180	
Perf	Casing		448	468	.05	.75	300	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100	225	357	4

Temperature 55 °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 5 S N/S Range 1 E E/W WM
 Sec 22 NE 1/4 of the NE 1/4 Tax Lot 500
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' _____ " or _____ DMS or DD
 Long _____ ° 0 ' _____ " or _____ DMS or DD
 • Street address of well _____ Nearest address _____
33022 S KROPF RD CANBY OREGON 97013

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 10-29-09 110
 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 92

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-03-2008	97	112	5		64
12-05-2008	134	138	30		110
06-15-2009	316	319	50		110
07-14-2009	460	476	10		110

(11) WELL LOG

Ground Elevation _____

Material	From	To
brown clay	0	28
clay with gravel	28	45
brown clay	45	68
gray clay	68	80
sandy gray clay	80	89
gray clay	89	97
sandy gray clay	97	112
fine sand	112	116
gray clay	116	134
medium sand	134	138
gray clay	138	147
sandy gray clay	147	152
gray clay	152	171
blue gray clay	171	212
gray clay	212	316
fine sand	316	319
gray clay	319	445
brown clay	445	482
gray claystone	482	488

Date Started 10-02-2008 Completed 10-29-2009

(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 1665 Date 10-29-2009
 Password : (if filing electronically) _____
 Signed Phyllis Mott
 Contact Info (optional) _____

WATER RESOURCES DEPT
 SALEM, OREGON

