

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L

START CARD # 1009456

ORIGINAL LOG # CLAC 2944/04579

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

(1) LANDOWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Sunrise Water Authority
 Address 10602 SE 129th Ave
 City Happy Valley State OR Zip 97086

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
 Seal Material _____
 Casing Type: Steel Plastic Other _____
 Casing Gauge _____ Casing Diameter _____

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other Abandonment

(5) BORE HOLE CONSTRUCTION
 Depth of Completed Well 1066 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
 Calculated Amount Proposed to be Used: 258 sacks/lbs
 Actual Amount Used: 340 sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
10		10	+	1	40	.250	✓		✓	
8		8	-	40	834	.277	✓		✓	
6		6	-	290	826	sch 40		✓	✓	
6		6	-	826	1066	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method Air Knit, .277", 250 steel
 Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓		10			0	40	1/8"	2"	1920	
✓		8			40	834	1/8"	2"	28,584	
✓		6			826	1066	1/8"	2"	8,140	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Clack Twp 28 N or S Range 3E E or W W.M.
 Sec 5 SW 1/4 of the SE 1/4 Tax Lot 2100
 Tax Map Number _____ Lot _____
 Lat _____ ° ' " or _____ DMS or DD
 Long _____ ° ' " or _____ DMS or DD

Street Address of Well (or nearest address) 19750 S. E. Damascus Lane Damascus OR 97089

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				191
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
 WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
8" casing was cut off at 40' & removed		
6" PVC liner was found at 290'. Drilled out from 290' - 826'		
6" liner from 826' - 1066'		

Date Started 2/16/10 Completed 3/8/10

(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 _____
 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 1738 Date 4/2/10
 Signed Janice Wagner

Contact Info. (optional) **Olsen-Pulliam Well Drig**
PO Box 505
Gresham Or 97030
503-665-3353