

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

05-24-2010

WELL LABEL # L 103824

START CARD # 1009986

Amended

(1) LAND OWNER Owner Well I.D. _____
First Name ED Last Name SEAGRAVES
Company _____
Address 16268 S. BABLER RD
City OREGON CITY State OR Zip 97045
(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 261.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	62	Bentonite Chips	0	4	4	S
7.58	62	261	Cement	4	62	2,600	P

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other poured & tamped

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

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

6	2	261	250				
4	4	221	200				

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 261Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method AIRKNIFE

Screens Type CERTALOK Material PVC

Perf/S	Casing/Screen	Lin	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	240	260	25	2	360		
Screen	Lin	4	221	261	10				

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
125		260	3
95		220	1
55		160	1

Temperature 57 °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 2.00 S N/S Range 3.00 E E/W WM
Sec 29 NE 1/4 of the NW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☒ Street address of well ☐ Nearest address
16268 S. BABLER RD

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
Existing Well / Prodeepening _____
Completed Well 05-06-2010 85
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 168

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-06-2010	168	261	125		85

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	1
BROWN CLAY	1	12
BROWN CLAY W/ COBBLES	12	45
GRAVEL & COBBLES CEMENTED	45	108
SANDSTONE	108	120
TAN CLAYSTONE	120	168
BLACK SAND & GRAVEL	168	175
MULTI COLORED SAND	175	207
MULTI COLORED AGATES	207	261

Solid + UNREVISSED

RECEIVED

SEP 08 2011

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 05-03-2010 Completed 05-06-2010

(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 1512 Date 05-24-2010

Electronically Filed

Signed THOMAS YOUNGBERG (E-filed)

(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 1771 Date 05-24-2010

Electronically Filed

Signed GEORGE YOUNGBERG (E-filed)

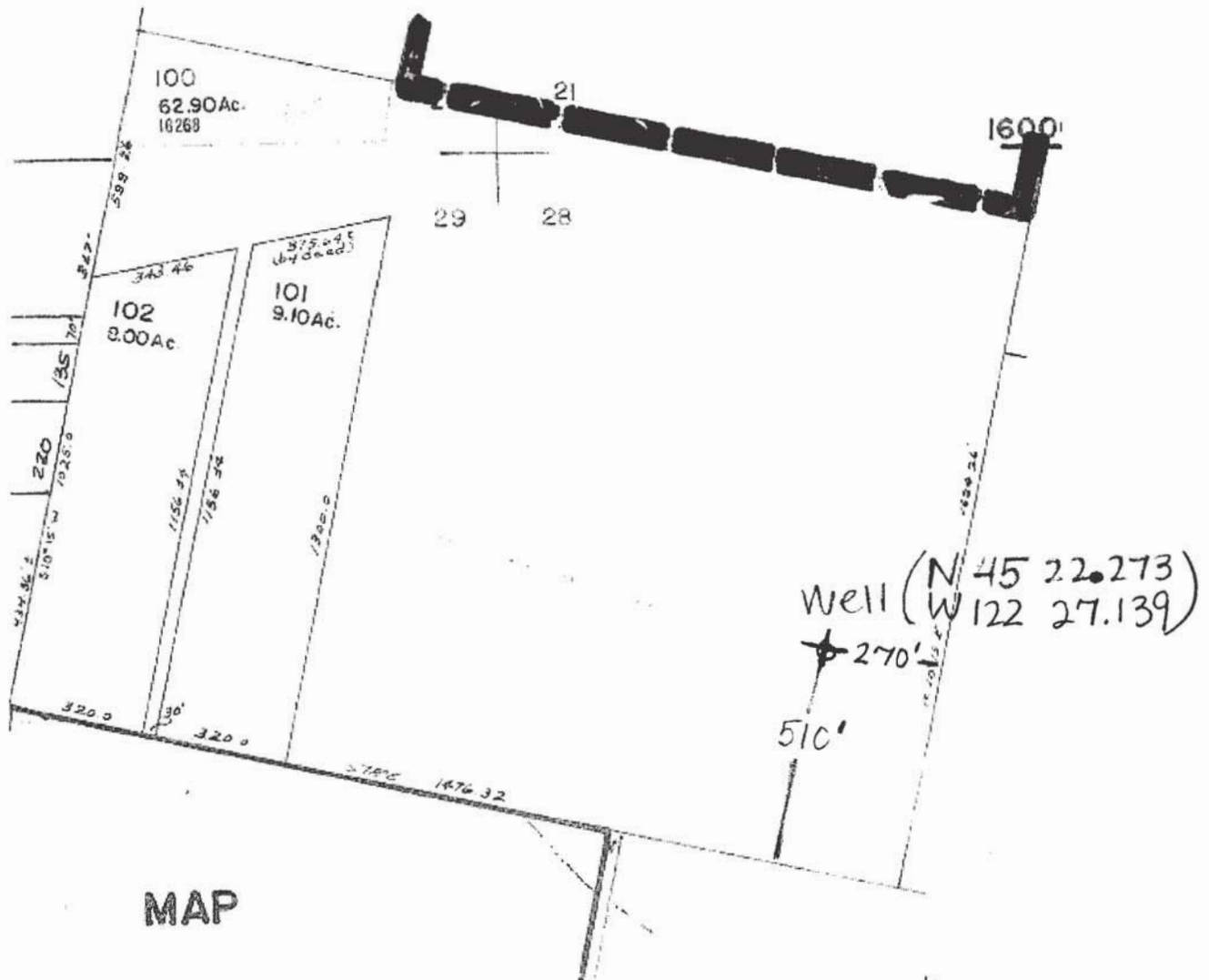
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.93

EXEMPT USE WELL LOCATION MAP

**Clackamas County**

Assessor Map Reference Number: 2S 3E 29 NENW; Tax Lot 100.

Street Address of Well, if Available: 16268 S. Babler Road, Oregon City, OR.

Well Log #: CLAC 66847. Well Label (ID Tag) #: L 103824. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.) You may also locate your well using our exempt use well mapping tool on our website at www.wrd.state.or.us/OWRD/exempt_use_788_info.shtml or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.

MAP NOT TO SCALE

RECEIVED

JUN 10 2010

LAND OWNER SUBMITTED MAP
WATER RESOURCES DEPT
SALEM, OREGON