

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-25-2010

WELL LABEL # L 103821

START CARD # 1010013

(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 161.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	60	Cement	0	60	2,700	P
9.58	60	161					

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

Backfill placed from 60 ft. to 100 ft. Material CEMENT
 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
☒	☐	8	☒	2	161	250	☒	☐	☒	☐
☐	☐	6	☐	5	101	200	☐	☐	☐	☐

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) _____
 Temp casing ☒ Yes Dia 12 From 1 To 20

(7) PERFORATIONS/SCREENS

Perforations Method air knife

Screens Type CERTALOK Material PVC

Perf/S	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	8	102	158	25	2	1,008	
Screen	Liner	6	101	161	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)
180		160	4

Temperature 58 °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 34 SE 1/4 of the SW 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
☒ Street address of well ☐ Nearest address

17800 S. SPRINGWATER RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	05-12-2010			8

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 102

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
05-12-2010	102	161	180			8

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	1
BROWN CLAY	1	8
BROWN CLAY W/GRAVEL & COBBLES	8	45
GRAVEL & COBBLES CEMENTED	45	102
GRAVEL & COBBLES	102	130
BROWN SANDSTONE	130	161

RECEIVED

JAN 14 2011

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 05-06-2010 Completed 05-12-2010

(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 05-25-2010

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 05-25-2010

Electronically Filed

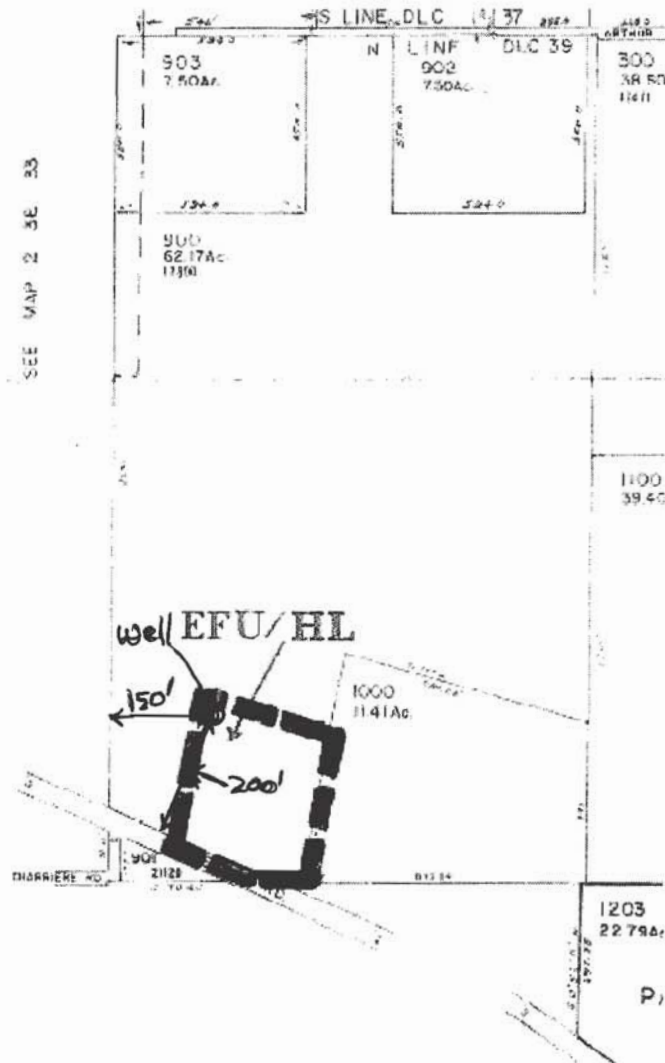
Signed GEORGE YOUNGBERG (E-filed)

Contact Info (optional)

EXEMPT USE WELL LOCATION MAP

RECEIVED

JUN 28 2010

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

Assessor Map Reference Number: 2S 3E 34 SESW; Tax Lot 900.

Street Address of Well, if Available: 17800 S. Springwater Road, Oregon City, OR.

Well Log #: CLAC 66853. Well Label (ID Tag) #: L 103821. (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

LAND OWNER SUBMITTED MAP