

Amended Log



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

07-16-2010

WELL LABEL # L 41034

START CARD # 1009879

RECEIVED

(1) LAND OWNER Owner Well I.D. Olson Well
First Name _____ Last Name _____
Company RIVER GROVE WATER DISTRICT
Address 17661 PILKINGTON ROAD
City LAKE OSWEGO State OR Zip 97034

(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 425.00 ft.

BORE HOLE			SEAL		Amt	sacks/ lbs
Dia	From	To	Material	From		
20	0	82	Concrete A	0	82	73 S
15	82	425	Concrete B			

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 _____
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"/>	16		2	82	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		68	265	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		415	425	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type Johnson Material Steel A36

Perf/S	Casing/Screen	Screen	Liner	Dia	From	To	Sem/slot width	Slot length	# of slots	Tele/pipe size
		<input checked="" type="checkbox"/>		12	265	415	25			

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
400 103 300 24

Temperature 56 °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 200 S N/S Range 100 E E/W WM
Sec 20 NE 1/4 of the NW 1/4 Tax Lot 21E 20BA00101
Tax Map Number _____ Lot _____
Lat _____ " or 42.38842000 DMS or DD
Long _____ " or -122.71340000 DMS or DD
 Street address of well Nearest address
3600 OLSON CT., RIVERGROVE, OR. 97034

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening _____
Completed Well 06-21-2010 172
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-13-2010	172	400	400	175	

(11) WELL LOG Ground Elevation

Material	From	To
Soils with Gravel	0	22
Gravels and Cobbles	22	27
Weathered Red and Black rock	27	61
Weathered Red Rock Broken	61	77
Fractured Basalt Basalt - Soft	77	82
Hard Basalt	82	97
Broken Basalt	97	100
Weathered Basalt Multi-color	100	117
Weathered Basalt - Highly Weathered (soft)	117	121
Vascular Basalt - Weathered	121	140
Broken Basalt	140	190
White Clay	190	195
Basalt Fractured	195	230
Vascular Basalt	230	242
Vascular Basalt Red and Black	242	263
Fracture Basalt - Black	263	289
Weathered Red Rock - Very Soft	289	295
Broken Basalt	295	340
Basalt - Grey - Hard	340	355

Date Started 04-14-2010 Completed 06-21-2010

(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 _____ Date _____
Electronically Filed
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 1796 Date 07-16-2010
Electronically Filed
Signed CHRIS HUMPHRIES (E-filed)
Contact Info (optional) _____

CLAC 66944

WATER SUPPLY WELL REPORT -
continuation page

CLAC 66944

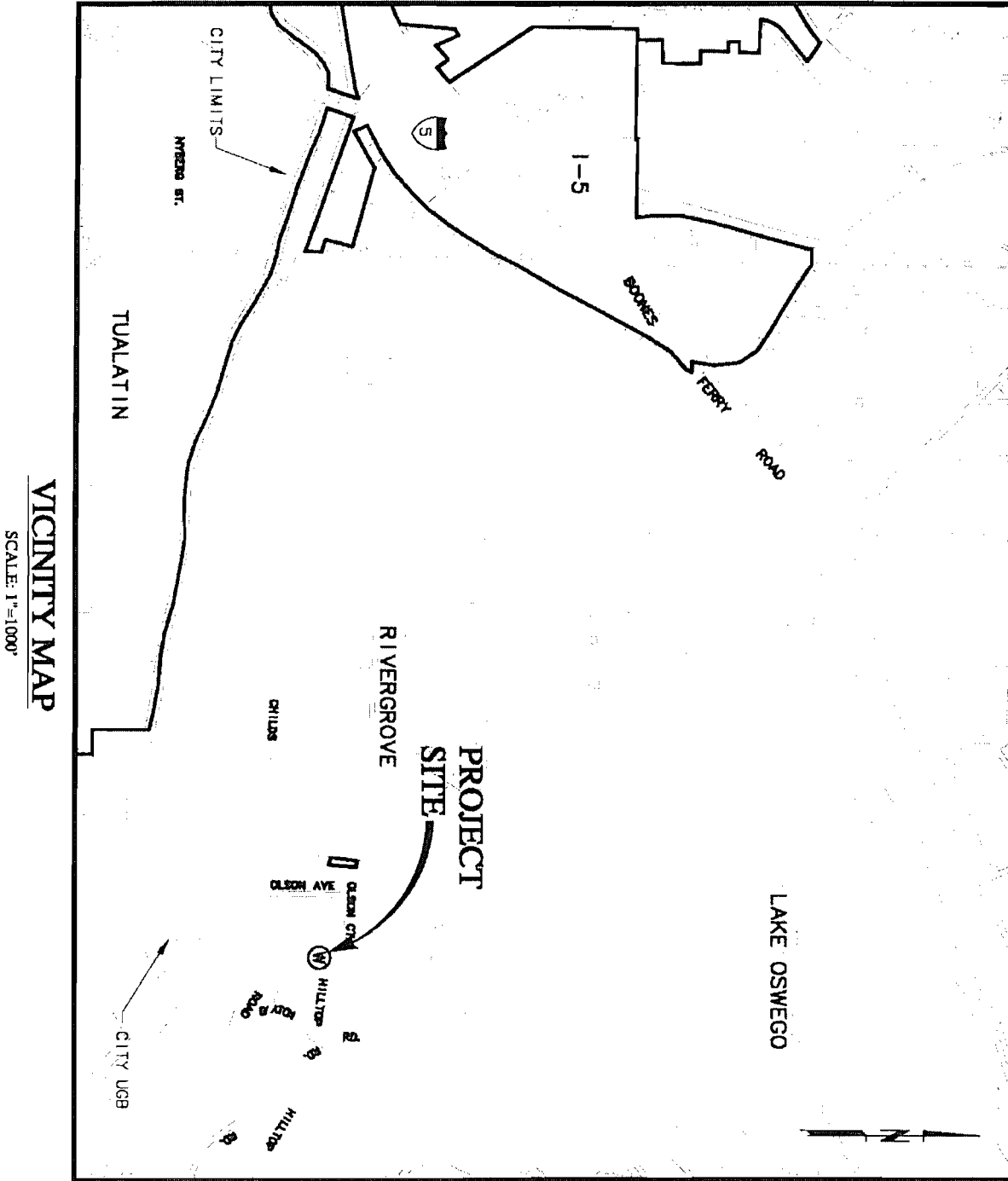
WELL I.D. # L 41034

Page 3 of 3

07-16-2010

START CARD # 1009879

Map of well



- 0-22 Soil - gravelly
- 22-27 greenish + Cobble
- 27-61 weathered Red + Black Rock
- 61-77 Broken Red Rock
- 77-82 Basalt - soft
- 82-97 Hard Basalt
- 97-100 Brecken Basalt - H/S
- 100-117 Basalt - weathered multicolored
- 117-121 Basalt - very soft Highly weathered
- 121-140 Basalt - vesicular
- 140-196 Brecken Basalt
- 190-195 White clay
- 195-230 Fractured Basalt
- 230-272 Vesicular Basalt
- 242-265 Red + Black Unfractured Basalt
- 263-289 Basalt - Dike + Fractured
- 289-295 weathered Red Rock very soft
- 295-340 Brecken Basalt
- 340-355 flint grey Basalt
- 355-380 Brecken Basalt Red
- 380-400 weathered Red + Black Basalt