

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

WELL LABEL # L 101357

START CARD # 199739

**(1) LAND OWNER** Owner Well I.D. 07-10

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company CEDARHURST COMMUNITY  
 Address 19142 S SYLVAN AVE  
 City ESTACADA State OR Zip 97023

**(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 185 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	50	Bentonite Chips	0	50	48	S
6	50	185					

How was seal placed: Method  A  B  C  D  E

Other Poured

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	Std	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		2	166	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		160	185	.188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 166

Temp casing  Yes Dia 10 From 0 To 12

**(7) PERFORATIONS/SCREENS**

Perforations Method skill saw

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing		4.5	166	184	.25	7	80	

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
54	22		1

Temperature 53 °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 3 S N/S Range 3 E E/W WM  
 Sec 3 SW 1/4 of the SE 1/4 Tax Lot 1200  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

HORSESHOE LANE, Estacada, Oregon

**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening			
Completed Well	<u>08-11-2010</u>		<u>45</u>

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES** Depth water was first found 167

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
08-11-2010	167	182	54		45

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Silt-brown	0	1
Gravel-cobbles	1	6
Clay-gray	6	157
Clay-sandy-gray	157	160
Clay-gray	160	167
Sand-coarse-black	167	182
Clay-gray	182	185

RECEIVED

AUG 30 2010

WATER RESOURCES DEPT

SALEM, OREGON

Date Started 07-30-2010 Completed 08-11-2010

**(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 \_\_\_\_\_

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 1 Date 08-15-2010

Password: (if filing electronically) \_\_\_\_\_

Signed [Signature]

Contact Info (optional) \_\_\_\_\_