

# CLAC 67381

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

WELL LABEL # L 98116

START CARD # 201789

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name MYUNG Last Name JEONG  
 Company \_\_\_\_\_  
 Address 28565 S HWY 213  
 City MULINO State OR Zip 97038

**(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 260 ft.

| BORE HOLE |      |     | SEAL     |      |     |     | sacks/<br>lbs |  |
|-----------|------|-----|----------|------|-----|-----|---------------|--|
| Dia       | From | To  | Material | From | To  | Amt | lbs           |  |
| 10        | 0    | 137 | Cement   | 0    | 137 | 180 | S             |  |
| 7.62      | 137  | 260 |          |      |     |     |               |  |

How was seal placed: Method  A  B  C  D  E

Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from 200 ft. to 260 ft. Material SILICA SD Size 6/9

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

| Casing Liner                        | Dia | + | From                                  | To  | Gauge | Stl                                 | Plstc | Wld                                 | Thrd |
|-------------------------------------|-----|---|---------------------------------------|-----|-------|-------------------------------------|-------|-------------------------------------|------|
| <input checked="" type="checkbox"/> | 6   |   | <input checked="" type="checkbox"/> 1 | 260 | .250  | <input checked="" type="checkbox"/> |       | <input checked="" type="checkbox"/> |      |
| <input type="checkbox"/>            | 4   |   | <input type="checkbox"/> 0            | 260 | 40    | <input type="checkbox"/>            |       | <input type="checkbox"/>            |      |

Shoe  Inside  Outside  Other Location of shoe(s) 260

Temp casing  Yes Dia 10 From 0 To 137

**(7) PERFORATIONS/SCREENS**

Perforations Method AIR KNIFE

Screens Type CERTALOCK Material PVC

| Perf/Screen | Casing/Liner | Dia | From | To  | Scrm/slot width | Slot length | # of slots | Tele/pipe size |
|-------------|--------------|-----|------|-----|-----------------|-------------|------------|----------------|
| Perf        | Casing       | 6   | 240  | 260 | .125            | 2           | 360        |                |
| Screen      | Liner        | 4   | 200  | 260 | .01             | 2.62        |            |                |

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

Pump  Bailer  Air  Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 20            |          | 260                   | 2.5           |

Temperature 54 °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 4 S N/S Range 2 E E/W WM  
 Sec 29 NW 1/4 of the SE 1/4 Tax Lot 1100  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

28565 S HWY 213 MULINO OR 97038

**(10) STATIC WATER LEVEL**

| Existing Well / Predeepening | Date              | SWL(psi) | + SWL(ft) |
|------------------------------|-------------------|----------|-----------|
| Completed Well               | <u>11-15-2010</u> |          | <u>42</u> |

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 9

| SWL Date          | From       | To         | Est Flow   | SWL(psi) | + SWL(ft) |
|-------------------|------------|------------|------------|----------|-----------|
| <u>10-27-2010</u> | <u>9</u>   | <u>84</u>  | <u>100</u> |          | <u>9</u>  |
| <u>11-13-2010</u> | <u>220</u> | <u>260</u> | <u>20</u>  |          | <u>42</u> |

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

| Material                           | From | To  |
|------------------------------------|------|-----|
| TOP SOIL                           | 0    | 1   |
| COARSE-MEDIUM GRAVEL               | 1    | 30  |
| GRAY CLAY WITH GRAVEL              | 30   | 109 |
| GRAY CLAY                          | 109  | 220 |
| GRAY SANDY CLAY WITH SEAMS OF GRAY | 220  |     |
| CLAY                               |      | 260 |

DEC 15 2010

Date Started 10-27-2010 Completed 11-15-2010

**(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 1738 Date 11-26-2010

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

Signed Janice Wagner

Contact Info (optional) Olson - Pulliam 42-11 Dir 503-665-3353