CLAC 67759

04-20-2011

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

WELL LABEL # L 105757

START CARD # 1012635

(1) LAND OWNER

Owner Well I.D. _____

First Name GERRY Last Name WILLITS

Company _____

Address 12730 SE NORMANDY DRIVE

City CLACKAMAS State OR Zip 97015

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 160.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	50	Granular Bentonite	0	3	2	S
7.58	50	160	Cement	3	50	1,900	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	160	250	◉	○	☒	☐
○	◉	4	☐	20	140	200	○	◉	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) 160

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method AIR KNIFE

Screens Type CERTALOK Material PVC

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	100	125	.25	2	450	
Perf	Casing	6	135	145	.25	2	180	
Screen	Casing	4	140	160	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		159	2

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 33 NE 1/4 of the SE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

◉ Street address of well ○ Nearest address

17572 S. SPRINGWATER RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	03-21-2011		☐	12

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 100

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
03-21-2011	100	147	160		☐	12
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	1
BROWN CLAY W/ COBBLES	1	25
BROWN CLAY W/ COBBLES & GRAVEL	25	50
COBBLES & GRAVEL	50	125
COARSE SAND MULTI COLORED	125	135
GRAVEL	135	147
BROWN CLAYSTONE	147	160

Date Started 03-16-2011 Completed 03-21-2011

(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 04-20-2011

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 04-20-2011

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: 0.95