CLAC 68321

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

WELL LABEL # L	41034
START CARD #	201164

(1) LAND OWNER Owner Well I.D. Olson	(9) LOCATION OF WELL (legal description)
First Name Last Name	County CLACKAM Twp 2 S N/S Range 1 E E/W WM
Company Rivergrove Water District	Sec 20 NE 1/4 of the NW 1/4 Tax Lot 101
Address 17661 Pilkington Rd City Lake Oswego State OR Zip 97035-5360	Tax Map Number 2 1E 20BA Lot
(2) TYPE OF WORK New Well Deepening Conversion	Long or DMS or DD
★ Alteration (repair/recondition)	
(3) DRILL METHOD	3610 Olson Ct, Lake Oswego, OR 97034
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL
Reverse Rotary X Other no drilling	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening
Industrial/ Commericial Livestock Dewatering	Completed Well 11-11-2011 172 172 Flowing Artesian? Dry Hole?
Thermal Injection Other	
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	WATER BEARING ZONES Depth water was first found SWL Date From To Est Flow SWL(psi) + SWL(ft)
Depth of Completed Well 423 ft.	NA-No Drilling
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	
See (11) Bentonite 0 5 16 S	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other by hand	NO DRILLING
Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size	Removed 5' 9" of 16" casing.
	Installed pitless unit on well.
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	RECEIVED
O O Deciginal lea O O D	NOV 1 5 2011
	WATER HESOURCES DEPT
Shoe Inside Outside Other Location of shoe(s)	SALEM, OREGON
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method Material	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Perf/S Casing/Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 09-19-2011 Completed 11-11-2011
No Change	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer Air Flowing Artesian	Password : (if filing electronically)
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed
* GRE OFICINAL 100-	(bonded) Water Well Constructor Certification
CLAC 66944	I accept responsibility for the construction, deepening, alteration, or abandonment
\	work performed on this well during the construction dates reported above. All work
Temperature * °F Lab analysis Yes By	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.
Water quality concerns? Yes (describe below) From To Description Amount Units	
	License Number 649 Date 11-14-2011 Password: (if Ming electronically)
	Signed Alman Latinuida
	Contact Info (optional)
ORIGINAL - WATER RESOURCES D	DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTM	1ENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.89