

# CLAC 68486

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

WELL LABEL # L 108228

START CARD # 201166

**(1) LAND OWNER** Owner Well I.D. Well 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Rivergrove Water District  
 Address 17661 Pilkington Rd  
 City Lake Oswego State OR Zip 97035-5360

**(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 204 ft.

BORE HOLE			SEAL				sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs	
20	0	25	Cement	0	25	40	S	

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"/>	12		<u>1</u>	<u>4.5</u>	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<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 \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>see CLAC 52289</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

Temperature 55 °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 2 S N/S Range 1 E E/W WM  
 Sec 20 NW 1/4 of the NW 1/4 Tax Lot 2300  
 Tax Map Number 2 1E 20BB Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ ° 0 ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ ° 0 ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

4100 Old Gate Rd, Lake Oswego, OR 97034

**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	<u>12-19-2011</u>			<u>42</u>

Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES \_\_\_\_\_ Depth water was first found 41

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>No new formations drilled.</u>						

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

Material	From	To
See CLAC 52289 for add'l well information.		
No new formation drilled. Alteration consisted of:		
Replace 12" casing	<u>+1</u>	4.5
Overdrill 12" casing	0	25
Place grout seal	0	25
SWL on 12/6/11 was 41'.		
No change to well below 25', including total depth.		

Date Started 12-06-2011 Completed 12-15-2011

**(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 1797 Date 12-23-2011  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed [Signature] **RECEIVED**  
JAN 10 2012

**(bonded) Water Well Constructor Certification**

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction date 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 649 Date 12-23-2011  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed [Signature]  
 Contact Info (optional) \_\_\_\_\_