



STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108230

START CARD # 201165

(1) LAND OWNER Owner Well I.D. Well 2

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 427 ft.

BORE HOLE			SEAL		Amt	sacks/ lbs
Dia	From	To	Material	From		
20	0	25	Cement	0	25	64 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	<input checked="" type="checkbox"/>	1.5	1.5	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS *No Change*

Perforations Method _____

Screens Type _____ Material _____

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ 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) _____

see CLAC	3189		

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 NE 1/4 Tax Lot 900
 Tax Map Number 2 1E 20AB Lot _____
 Lat _____ ° 0 ' _____ " or _____ DMS or DD
 Long _____ ° 0 ' _____ " or _____ DMS or DD
 Street address of well Nearest address

18810 Hilltop Rd, Lake Oswego, OR 97034

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	01-30-2012			188
Completed Well	04-04-2012			186

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 188

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

(11) WELL LOG

Ground Elevation _____

Material	From	To
See CLAC 3189 for add'l well information.		
No new formation drilled. Alteration consisted of:		
Overdrill 12" casing with 20" diameter tool	0	25
Swage 3/16" thick SS patch inside casing	10	12
Swage 3/16" thick SS patch inside casing	14	16
Place grout seal	0	25
Replaced top of casing.		
Lower patch authorized under same Special Standard per Juno Pandian on March 26, 2012.		
RECEIVED		
APR 19 2012		
WATER RESOURCES DEPT		
SALEM, OREGON		

Date Started 01-30-2012 Completed 04-04-2012

(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 1927 Date 04-16-2012

Password: (if filing electronically) _____

Signed *Ryan Smith*

(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 649 Date 04-16-2012

Password: (if filing electronically) _____

Signed *Stephen H. Schmidt*

Contact Info (optional) _____