CLAC 69090

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

WELL LABEL # L 108236

START CARD # 208742

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company Portland General Electric

Address 121 SW Salmon St

City Portland State OR Zip 97204

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

RECEIVED BY OWRD

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

SEP 10 2012

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[X] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

SALEM, OR

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] Attach copy

Depth of Completed Well 200 ft.

BORE HOLE

Dia	From	To
10	0	64
6	64	200

SEAL

Material	From	To	Amt	sacks/ lbs
Bentonite	0	2.5	2	S
Cement	2.5	55	36	S

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[X] Other poured bentonite

Backfill placed from 55 ft. to 64 ft. Material 10-20 sand

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	X	3.4	170	.25	●	○	X	
○	○						●	○		
○	○	5		160	165	sch40	●	○	X	
○	○	5x4 bell red.		170	170	std	●	○	X	
○	○	4		185	200	sch40	●	○	X	

Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 170

Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type v-wire wrap Material 304SS

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		5	165	170	.018			PS
Screen		4	170	175	.02			PS
Screen		4	175	185	.025			PS

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

● Pump ○ Bailer ● Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		155	1
40	36		1

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 2 E E/W WM

Sec 11 SW 1/4 of the SE 1/4 Tax Lot 1302

Tax Map Number 22E11D Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

● Street address of well ○ Nearest address

13008 SE Jennifer St, Clackamas, OR 97015

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	09-06-2012			55

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 23

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL (ft)
NA	23	32	10			NA
09-06-2012	168	186	60			55

(11) WELL LOG

Ground Elevation _____

Material	From	To
Clay, brown, soft & some gravel, 2"-	0	3
Cobbles, gravel & sand, medium w/some silt	3	13
Gravel, 4"- & clay, brown, medium-soft, silty	13	23
Gravel, 4"- & sand, brown, medium	23	32
Gravel, 2"- & clay, brown, medium-soft	32	47
Clay, grey & brown, medium	47	57
Clay, grey & brown, medium-hard	57	64
Clay, grey, medium	64	92
Sand, grey, very fine & silt; w/ mica	92	122
Clay, grey, soft, somewhat silty	122	165
Clay, brown & grey, medium	165	168
Sand, medium & some small pea gravel	168	186
Clay, grey & brown, medium	186	200
4" tailpipe has plate bottom		
5" riser has k-packer		

Date Started 08-21-2012 Completed 09-06-2012

(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 1367 Date 09-06-2012

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 649 Date 09-06-2012

Password : (if filing electronically) _____

Signed _____

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: 0.89