CLAC 69967

STATE OF OREGON
WATER SUPPLY WELL REPORT
(ORS 537.765 & OAR 690-205-0210)
Instructions for completing this report are on the last page of this form.

WELL LABEL # L 68330
START CARD # 1020774
ORIGINAL LOG # 68330

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company Boring Water District
Address PO Box 66
City Boring State OR Zip 97009

(2) TYPE OF WORK ☐ New ☐ Conversion ☐ Deepening
☒ Alteration (complete Sections 2a & 10) ☒ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 710 ft.
Seal Material Cement
Casing Type: ☒ Steel ☐ Plastic ☐ Other _____
Casing Gauge .250 Casing Diameter 10"

(3) DRILL METHOD ☒ Rotary Air ☐ Rotary Mud ☐ Auger
☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE ☐ Domestic ☐ Irrigation ☒ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 610 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE Dia	From	To	SEAL Material	From	To	Amount	Scks/lbs
			Original Seal Was Not Disturbed				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Original Seal Not Disturbed
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: 26 (sacks/lbs)
Actual Amount Used: 30 (sacks/lbs)

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Air Knife
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X			X	6	610	710	1/8	2	600	
X		10			415	430	1/8	2	120	

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
280			120 hr

Temperature 54 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Clackamas Twp 1 N or (S) Range 4 (E) or W W.M.
Sec 32 SE 1/4 of the SW 1/4 Tax Lot 001901
Tax Map Number _____ Lot _____
Lat ___ ° ___ ' ___ . ___ " or _____ DMS or DD
Long ___ ° ___ ' ___ . ___ " or _____ DMS or DD
Street Address of Well (or nearest address)
12300 S.E 312th Boring OR 97009

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				215
Completed Well				215

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8-19-13	415	610	2			215

(11) WELL LOG Ground Elevation _____

Material	From	To
Perforated casing		
From 710'-610'		
Ran Tremie Pipe		
To 710' and		
Grouted to original		
Depth of 610'		
*Original Seal Was		
Not Disturbed		

Date Started 8-16-13 Completed 8-19-13

(uuhonded) 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 _____ Date _____
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 1738 Date 9-13-13
Signed Jonce Wagner
Contact Info. (optional)
Olsen-Pulliam Well Drlg 503-665-3353

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SEP 19 2013
SALEM, OR

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK
01/02/2009