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

CLAC 69998
10/3/2013

WELL I.D. LABEL# L	101367
START CARD #	207654
ORIGINAL LOG #	CLACKAMAS 68336

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company ICON CONSTRUCTION

Address 2008 WILLAMETTE FALLS DR

City WEST LINN State OR Zip 97068

(2) TYPE OF WORK

☐ New Well ☒ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:	3	☒	1	77	.250	◉	○	☒	☐

	Material	From	To	Amt	sacks/lbs
Seal:	Bentonite Chips	0	90	55	Sacks

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 140.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
6	0	106	Bentonite Chips	0	90	55	S
8	106	114	Cement	106	114	7	S
6	114	140					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other CEMENT BAILER

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	6	☒	1	114	.25	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 114

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/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)
35	34		2

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 2.00 S N/S Range 1.00 E E/W WM

Sec 20 NE 1/4 of the NE 1/4 Tax Lot 402

Tax Map Number _____ Lot _____

Lat ___ ° ___ ' ___ " or _____ DMS or DD

Long ___ ° ___ ' ___ " or _____ DMS or DD

◉ Street address of well ○ Nearest address

23241 SW BOSKY DELL LANE

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	8/20/2013		☐	57
Completed Well	8/28/2013		☐	58

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 122.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/20/2013	57	77	2		☐	57
8/28/2013	122	140	35		☐	58
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Clay-silty-brown	0	28
Clay-grey	28	37
Boulders-cobbles-gravel-sand	37	57
Cobbles-gravel-loose	57	77
Sandstone-brown	77	106
Basalt-grey	106	122
Basalt-dark grey-medium hard	122	140

Date Started 8/20/2013 Complete 8/28/2013

(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 _____ 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 1 Date 10/3/2013

Signed RONALD F MCCONNELL (E-filed)

Contact Info (optional) _____