

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

10/28/2014

WELL I.D. LABEL# 114782
 START CARD # 1023632
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name KIM Last Name SUMMERS
 Company CAMP FIRE COLUMBIA ORG.
 Address 619 SW 11TH AVE.
 City PORTLAND State OR Zip 97205

(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:
 Material From To Amt sacks/lbs
 Seal: _____

(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 520.00 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	28	Cement	0	25	800	P
8	28	123	Cement	520	945	3500	P
7.58	123	520					
8	520	525					

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 520 ft. to 945 ft. Material CEMENT

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

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Propo 1 amount Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+ From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/> 2	525	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/> 1	79	200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/> 99	139	200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 525
 Temp casing Yes Dia 10 From 0 To 20

(7) PERFORATIONS/SCREENS
 Perforations Method push down perforator
 Screens Type certainok Material pvc

Perf/Screen	Casing/Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	6	60	91	.25	1.5	558	
Screen	Liner	4	77	99	.1			

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

	Pump	Bailer	Air	Flowing Artesian
Yield gal/min	5			
Drawdown	60			
Drill stem/Pump depth	120			
Duration (hr)	4			

Temperature 55 °F Lab analysis Yes No By _____

Water quality concerns? Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CLACKAMAS Twp 1.00 S N/S Range 5.00 E E/W WM
 Sec 30 SE 1/4 of the SE 1/4 Tax Lot 1200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

42185 SE ELSNER RD

(10) STATIC WATER LEVEL
 Date _____ SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 8/13/2014 _____ 55
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 55.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/13/2014	55	80	5		55

(11) WELL LOG Ground Elevation _____

Material	From	To
top soil	0	1
brown clay	1	6
brown clay w/ cobbles	6	10
gray basalt	10	118
multi colored sandstone	118	237
tan clay	237	257
cemented gravel	257	323
brown clay	323	326
blue clay	326	410
gray clay	410	520
gray basalt	520	525
rhododendron rock	525	600
gray basalt	600	945

Date Started 7/8/2014 Complete 8/13/2014

(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 1771 Date 10/28/2014

Signed GEORGE YOUNGBERG (E-filed)

Contact Info (optional) Youngberg pump & well drilling ph. 503-630-3970

