

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 81929START CARD # 185195

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name Dennis + Angi Rempos
Address 36607 SE TRACY RD
City ESTACADA State OR Zip 97023

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 460 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
10	0	104	Cement	0	104	2400	

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	1	104	250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner: 4	20	440	200	☐	☒	☐	☐
				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
☐ Perforations Method _____
☒ Screens Type CERTA/OK Material PVC

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
440	460	10		4		☐	☒
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
36+		460	1.5

Temperature of water 56 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County CLACKAMAS
Tax Lot 1500 Lot _____
Township 3 N or S Range 4 E or W WM
Section 14 SE 1/4 SW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 36607 SE TRACY RD

(10) STATIC WATER LEVEL

255 ft. below land surface. Date 6-4-06

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
393	460	36+	255

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
TOP So. 1	0	1	
Brown clay	1	40	
GRAVEL	40	45	
Brown clay	45	99	
Rhododendron Rock	99	240	
BLACK BASALT	340	460	255

RECEIVED BY OWRD

JAN 28 2015

SALEM, OR

Date Started 5-30-06 Completed 6-04-06

(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.

WWC Number 1512 Date 6-21-06

Signed Thomas G. Jones

(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.

WWC Number 257 Date 6-21-06

Signed W.D. Youngberg