

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

WELL I.D. LABEL# L 118017
 START CARD # 212136
 ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
 First Name JAMES & ANNE Last Name BURKEY
 Company _____
 Address 3502 CHELAN DRIVE
 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:
 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

Depth of Completed Well 209 ft. Special Standard (Attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt sacks/lbs
16	0	57	Bentonite	0	23	20 S
					Calculated	19.37
			Cement	23	55	15 S
					Calculated	14.84

How was seal placed: Method A B C D E
 Other POUR INTO ANNULAR

Backfill placed from 55 ft. to 57 ft. Material GRAVEL
 Filter pack from 0 ft. to 209 ft. Material GRAVEL Size 1/4X3/8

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing/Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	12	1	57	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	2	59	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	8	69	149	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	8	199	209	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method SLOTTED

Screens Type WOUNDWIRE Material STAINLESS STL.

Perf/S	Casing/Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen	Liner	8	59	69	.03			
Perf	Liner	8	69	149	.09	3	1,280	
Screen	Liner	8	149	199	.02			

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
45	29		1.5
70	60		1.5

Temperature 60 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 151 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 5 S N/S Range 1 E E/W WM
 Sec 30 NE 1/4 of the NW 1/4 Tax Lot 800
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD

Street address of well Nearest address

33999 S. BARLOW RD., WOODBURN, OR 97071

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Completed Well	Date	SWL(psi)	+ SWL(ft)
	06-09-2015		28

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 59

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-09-2015	59	199	70		28

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOPSOIL	0	1
BROWN CLAY	1	26
STICKY LITE GRAY CLAY	26	29
COMPACT BROWN SAND	29	51
SILTY BROWN CLAY	51	59
FINE TO COARSE RED-BROWN SAND WITH FINE TO MEDIUM GRAVEL	59	69
STICKY BROWN CLAY	69	82
STICKY BLUE-GRAY CLAY	82	96
SOFT GRAY-BROWN SANDY CLAY	96	104
STICKY BLUE-GRAY CLAY	104	121
MEDIUM COARSE BLACK SAND	121	123
STICKY BLUE-GRAY CLAY	123	129
SOFT LITE GRAY CLAY	129	138
SOFT DARK GRAY CLAY	138	160
FINE BLACK SAND	160	165
SOFT DARK GRAY CLAY	165	192
SOFT DARK BLUE-GRAY CLAY	192	203
HARD DARK GRAY CLAY	203	214

Date Started 05-01-2015 Completed 06-09-2015

(unbonded) Water Well Constructor Certification

I certify that the work performed on this well during 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 SALEM, OR

(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 1266 Date 06-10-2015

Signed _____

Contact Info (optional) _____

WATER SUPPLY WELL REPORT -
continuation page

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START CARD # 212136
ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Material		From	To	Amt sacks/lbs				

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/lbs
15	57	209					
			Calculated				
6	209	288	Cement	209	288	15	S
						14.84	
			Calculated				
			Calculated				
			Calculated				

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
creen	Liner	Dia			width	length	slots	pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To
SOFT DARK GRAY CLAY	214	234
STICKY BLUE-GRAY CLAY	234	244
SOFT BLUE-GRAY CLAY	244	277
STICKY GRAY CLAY	277	288

RECEIVED BY OWRD
JUN 17 2015
SALEM, OR

Comments/Remarks