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

CLAC 72214

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WELL I.D. LABEL# L
START CARD # 213497
ORIGINAL LOG # Clack 72106

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company City of Canby
Address 111 NW 2nd Ave
City Canby State OR Zip 97013

(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:	8"		0	125	.250	☒	☐	☐	☒

	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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☒ Other Abandoned

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 0 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
			Cement	0	125		2.7 yds
					Calculated		
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Pressure grouted
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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Holte Air Perf
Screens Type Material

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
		8"	0	125		1.5	4000	P

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

◯ Pump ◯ Bailer ◯ Air ◯ Flowing Artesian

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

Temperature °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 Clack Twp 3S N/S Range 1E E/W WM
Sec 34 NW 1/4 of the SE 1/4 Tax Lot 1600
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◯ Street address of well ☒ Nearest address
Intersection of 4th & Sequoa Ave

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	5-20-16			67 ft
Completed Well				

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

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

(11) WELL LOG

Ground Elevation

Material	From	To
Well casing was Perforated using a Holte air Perf. Tool, from land surface To 125' bgs (4000) Perforations Cement grout (2.7) yds was installed To backfill for Well decommissioning		

RECEIVED BY OWRD
JUN 24 2016
SALEM, OR
RECEIVED BY OWR
MAY 27 2016
SALEM, OR

Date Started 5-20-16 Completed 5-23-16

(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 723 Date 5-25-16
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 723 Date 5-25-16
Signed Chuck Stadeli
Contact Info (optional) 503 551 1930

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95