

CLAC 72253

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company Three Rivers Charter School
Address PO Box 20730
City Keizer State OR Zip 97307

(2) TYPE OF WORK

[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 2b) [] Alteration (complete 2a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE

[] Domestic [] Irrigation [X] Community
[] Industrial/Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [X] Other School

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 275 ft. Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Rows include Bentonite and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other Bentonite Poured, Probed & Hydrated

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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes shoe location info.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 197

Temp casing [X] Yes Dia 10 From +1 To 8

(7) PERFORATIONS/SCREENS

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 56 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below) TDS amount 158 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 2 S N/S Range 1 E E/W WM
Sec 29 NE 1/4 of the SE 1/4 Tax Lot 1900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [X] Nearest address

2565 Ek Rd., West Linn, OR 97068

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Includes Existing Well / Pre-Alteration and Completed Well.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES. Depth water was first found 200

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation.

Date Started 06-06-2016 Completed 06-10-2016

(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.

License Number 1358 Date 06-10-2016

Signed [Signature]

(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.

License Number 688 Date 06-13-2016

Signed [Signature]

Contact Info (optional) _____