CLAC 73540

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

WELL I.D. LABEL# L 126854
START CARD # 1036509
ORIGINAL LOG #

CLAC 7354D

(1) LAND OWNER
Owner Well I.D.
First Name CHRIS Last Name COPP
Company
Address PO BOX 55700
City PORTLAND State OR Zip 97238

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 180 ft.

BORE HOLE

Dia	From	To
10	0	49
7.62	49	180

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	5	6	S
		Calculated	3	
Cement	-5	49	60	S
		Calculated	13	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other POURED IN
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
●	○	6	[X]	2	180	.250	●	○	[X]	
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		

Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 180
Temp casing [X] Yes Dia 10 From + [ ] 0 To 49

(7) PERFORATIONS/SCREENS
Perforations Method AIR KNIFE
Screens Type Material

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	6	160	180	.125	2	300	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		180	2

Temperature 51 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 67

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 2 S N/S Range 3 E E/W WM
Sec 20 1/4 of the 1/4 Tax Lot 301
Tax Map Number Lot
Lat ° ' " or 45.376644 DMS or DD
Long ° ' " or -122.46482 DMS or DD
◉ Street address of well ○ Nearest address
19470 S BAKERS FERRY ROAD OREGON CITY OR 97045

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10-04-2017			65

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 160

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-04-2017	160	180	100			65

(11) WELL LOG
Ground Elevation

Material	From	To
TOP SOIL	0	1
BROWN CLAY	1	4
COARSE GRAY & RED GRAVEL	4	13
COARSE GRAY GRAVEL	13	18
GRAY CLAY	18	45
GRAY GRAVEL	45	60
BROWN SANDY GRAVEL	60	119
MEDIUM MULTI-COLORED GRAVEL	119	136
MEDIUM COARSE MULTI-COLORED GRAVEL	136	
WITH COARSE SAND		155
MEDIUM MULTI-COLORED GRAVEL WITH	155	
RED VOLCANIC		161
MEDIUM MULTI-COLORED GRAVEL WITH	161	
COARSE SAND		180

Date Started 09-29-2017 Completed 10-04-2017

(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.
RECEIVED BY OWRD
License Number Date
Signed NOV 20 2017

(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.
SALEM, OR
License Number 1738 Date 11-10-2017
Signed Verne Wagner
Contact Info (optional) OLSEN-BULLIAM WELL DRLG 503-665-3353

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