

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

CLAC 73541

WELL I.D. LABEL# L 126855
START CARD # 1036595
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
First Name JUDY Last Name HILL
Company _____
Address 36898 SE HAUGLUM ROAD
City SANDY State OR Zip 97055

(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 Special Standard ☐ (Attach copy)
Depth of Completed Well 200 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	46	Bentonite	0	46	31	S
7.62	46	200			Calculated	19	
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ 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 ☒ 2 200 .250 ☒ ☐ ☒ ☐ ☐
Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 200
Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/S Casing/ Screen Dia From To Scm/slot Slot # of Tele/
green Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
20 _____ 200 2

Temperature 53 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 40
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 1 S N/S Range 4 E E/W WM
Sec 35 1/4 of the 1/4 Tax Lot 04102
Tax Map Number _____ Lot _____
Lat _____ " or 45.435702 DMS or DD
Long _____ " or -122.283266 DMS or DD
☒ Street address of well ☐ Nearest address

36898 SE HAUGLUM ROAD SANDY OR 97055

(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration _____
Completed Well 10-17-2017 _____ 170
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES						Depth water was first found 170	
SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)		
10-17-2017	185	200	20				170

(11) WELL LOG Ground Elevation _____
Material From To
TOPSOIL 0 2
BROWN CLAY 2 46
MULTI-COLORED GRAVEL 46 115
MULTI-COLORED GRAVEL WITH RED 115 125
VOLCANIC 125 185
MEDIUM TO COARSE MULTI-COLORED GRAVEL 185 200
MEDIUM TO COARSE MULTI-COLORED GRAVEL WITH COARSE SAND 200
RECEIVED BY OWRD
DEC 13 2017
SALEM, OR

Date Started 10-05-2017 Completed 10-17-2017

(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.
License Number _____ Date _____ RECEIVED BY OWRD

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.
License Number 1738 Date 11-16-2017
Signed Vance Wagner
Contact Info (optional) OLSEN WELL DRLG 503-665-3353