

Revised

Amended 2/26/2020

CLAC 74247

WELL I.D. LABEL# 128926
START CARD # 1038427
ORIGINAL LOG #

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

(1) LAND OWNER Owner Well I.D. 5884
First Name _____ Last Name _____
Company Oregon State University
Address 644 SW 13th St.
City Corvallis State OR Zip 97333

(2) TYPE OF WORK New Well Drilling Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Class Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seat: _____

(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 158 ft.
BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
16 0 158 Cement 2 95 83 S
Calculated 50
Bentonite 0 2 2 S
Calculated 2
How was seal placed: Method A B C D E
 Other Poured dry
Backfill placed from 95 ft. to 98 ft. Material Fine sand
Filter pack from 0 ft. to 158 ft. Material Sand Size 10-20
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
12 1 102 250
10 1.5 105 250
10 137 147 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type V-wire Material Stainless steel
Perf/S Casing/Screen Dia From To Scm/slot Slot # of Tel/ green Liner Dia From To width length slots pipe size
Screen 10 147 158 .02 _____
Screen 10 105 137 .02 _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
600 29 117 4

Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 260
From To Description Amount Units
RECEIVED
RECEIVED

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 3 S N/S Range 1 W E/W WM
Sec 25 SW 1/4 of the NE 1/4 Tax Lot 500
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address
15210 NE Miley Rd. - Aurora, OR 97002

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 6-25-18 36
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 36
SWL Date From To Est Flow SWL(psi) + SWL(ft)
06-25-2018 36 50
06-25-2018 105 137 800 36
06-25-2018 151 155 300 36

(11) WELL LOG
Ground Elevation _____
Material From To
Loam 0 4
Brown silty sand wet 4 25
Sandy silt 25 35
Brown sandy gravel 35 50
Grey clay 50 56
Dark brown sandy - small gravel 56 65
Grey clay 65 73
Yellow clay 73 75
Brown dirty gravel & sand 75 85
Grey silty sand very fine 85 105
Grey sand 105 112
Grey sand 1" gravel 112 120
Grey sand to 1-1/2" gravel 120 128
Grey sand 128 137
Green clay conglomerate 137 139
Blue clay fine 139 151
Blue sand 151 155
Blue clay 155 158

Date Started 06-06-2018 Completed 06-25-2018

(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 1411 Date 07-20-2018
Signed KFD M...

(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 1664 Date 07-20-2018
Signed _____
Contact Info (optional) jone.drilling@bcsmail.com