

L 1-253

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

WELL I.D. LABEL# CLAC 00306
START CARD # 1043837
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. WELL 1

First Name _____ Last Name _____
Company CITY OF MILWAUKIE
Address 10722 SEMAN ST
City MILWAUKIE State OR Zip 97222

(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
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 _____ ft.

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	
						Calculated
						Calculated

How was seal placed: Method A B C D E
 Other _____

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
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/	Screen	Scrns/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)

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 CLACKAMAS Twp 1 N/S Range 1 E E/W WM

Sec NE 1/4 of the SE 1/4 Tax Lot _____

Tax Map Number 11E25DA12700 Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

NE CORNER OF HARVEY ST & 40th AVE NEXT TO WATER TOWER

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (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)

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

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>3/8 PER GRAVEL</u>	<u>235</u>	<u>162</u>
<u>20/40 SILICA SAND</u>	<u>162</u>	<u>158</u>
<u>PORTLAND CEMENT (TRIMMIE)</u>	<u>158</u>	<u>2</u>
<u>BREAK PUMP PEDASTAL OUT</u>		
<u>READY MIX TO FLOOR SURFACE</u>	<u>2</u>	<u>8</u>
<u>2150 lbs 3/8 PER GRAVEL</u>		
<u>100 lbs 20/40 SILICA SAND</u>		
<u>2350 lbs PORTLAND TYPE II</u>		
<u>240 lbs READY MIX</u>		

RECEIVED

OCT 16 2019

OWPD

Date Started 8-26-19 Completed 8-30-19

(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 _____

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 1953 Date 10-9-19

Signed [Signature]

Contact Info (optional) _____

