

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

CLAC 75527

WELL I.D. LABEL# L

136761
1046084
CLACKAMAS 63420

START CARD #

1/28/2020

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name TIM Last Name SMITH
Company SALMON VALLEY WATER CO
Address 68010 E FAIRWAY AVE
City WELCHES State OR Zip 97067

(2) TYPE OF WORK

New Well Deepening Conversion
Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
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

Depth of Completed Well 192.00 ft. Special Standard (Attach copy)

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

How was seal placed: Method A B C D E

Backfill placed from ft. to ft. Material

Filter pack from 139 ft. to 192 ft. Material SAND Size 10/20

Explosives used: Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
Shoe Inside Outside Other Location of shoe(s)

Temp casing Yes Dia 12 From + 1 To 192

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type ROSCOE MOSS Material WIRE WRAP

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/ pipe size

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

Pump Bailer Air Flowing Artesian

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

Temperature 49 F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount 297 ppm

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

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 3.00 S N/S Range 7.00 E E/W WM
Sec 5 SW 1/4 of the NE 1/4 Tax Lot 5700
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well Nearest address

OFF GOLF COURSE FAIRWAY AVE

(10) STATIC WATER LEVEL

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

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found

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

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To

Date Started 1/6/2020 Completed 1/20/2020

(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 1852 Date 1/28/2020

Signed JEB ABBAS (E-filed)

(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 1720 Date 1/28/2020

Signed JACK ABBAS (E-filed)

Contact Info (optional) JACK ABBAS

