

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

CLAC 76419

WELL I.D. LABEL# L

141342

START CARD #

1051458

4/26/2021

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name Last Name
Company SPACE-AGE FUEL
Address PO BOX 1429
City CLACKAMAS State OR Zip 97015

(2) TYPE OF WORK

[X] 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

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 143.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 10, 0, 52, Bentonite Chips, 0, 52, 36, S. Row 2: 6, 52, 143, Calculated, 21.

How was seal placed: Method [ ] A [ ] B [ ] 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 Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld. Row 1: [X], [ ], 6, [X], 1, 143, .250, [X], [ ], [ ], [ ].

Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 143

Temp casing [ ] Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

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

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 9, , 143, 2.

Temperature 53 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount 81 ppm

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

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 2.00 S N/S Range 4.00 E E/W WM

Sec 10 NE 1/4 of the NW 1/4 Tax Lot 04500

Tax Map Number Lot

Lat " or " DMS or DD

Long " or " DMS or DD

[X] Street address of well [ ] Nearest address

15585 SE ORIENT DRIVE SANDY, OR 97055

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with 4 columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 4/14/2021, , 71.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 128.00

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

Table with 6 columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 4/14/2021, 128, 143, 9, , 71.

(11) WELL LOG

Ground Elevation

Table with 3 columns: Material, From, To. Rows: Brown Clay (0-52), Brown clay w/ gravel (52-68), Brown gravel w/ seams of brown clay (68-114), Coarse multicolored gravel (114-128), Medium multicolored gravel (128-143).

Date Started 4/12/2021 Completed 4/14/2021

(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 1738 Date 4/26/2021

Signed VANCE WAGNER (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. 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 4/26/2021

Signed VANCE WAGNER (E-filed)

Contact Info (optional)