WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)	Page 1 of      CLAC 76625    WELL I.D. LABEL# L    140876      START CARD #    1053246      Ø/11/2021    ORIGINAL LOG #
(1) LAND OWNER Owner Well I.D. 01 First Name MAX Last Name WHITE Company GOLD DAD, LLC Address 901 11TH ST City OREGON CITY State OR Zip 97045 (2) TYPE OF WORK New Well Deepening Conver Alteration (complete 2a & 10) Abandonment(com (2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd Casing: Material From To Amt sacks/lbs	L at ° ' " or 45 27555100 DMS or DD
Seal:	(10) STATIC WATER LEVEL     Date  SWL(psi)  +  SWL(ft)    Existing Well / Pre-Alteration

#### (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 360.00 ft.

В	ORE HO	LE			SEAL			sacks/
Dia	From	То	Materia	1	From	То	Amt	lbs
12	0	102	Bentonite		0	102	57	S
9.6	102	360			(	Calculated	57	
					(	Calculated		
		d: M D BENTON		A	]B 🔤 C	D	E	
Backfill p	laced fron	n	ft. to	ft.	Material			
Filter nee	k from	ft	to	ft Moto	mia1	Size	<u> </u>	

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_ Explosives used: Yes Type\_\_\_\_\_ Amount \_\_\_\_

#### (5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amoun

nt Actual Amount	
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(6) CASING Casing	/LINE	R		_	_	~	~ .			
Casing	Liner	Dia	+	From	То	Gauge	Stl	Plstc	Wld	Thrd
Ō	$\bigcirc$	8		3	357	.250	$\bigcirc$	$\bigcirc$	X	
$\bigcirc$	Ô						$\bigcirc$	O		
$\bigcirc$	O						$\bigcirc$	$\bigcirc$		
$\bigcirc$	$\bigcirc$						$\bigcirc$			
$\bigcirc$	$\bigcirc$						$\bigcirc$	$\bigcirc$		
Shoe	Ins	ide 🔤 🤇	Dutside	e Ot	her L	ocation o	of shoe	e(s)		
Temp cas	ing Ye	es Dia		From	+		Т	ò		

# (7) PERFORATIONS/SCREENS

			s Method					_
	S	creens T	ype		Ma	terial		
Perf/	Casing/	Screen			Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	То	width	length	slots	pipe size
						<u> </u>		

#### (8) WELL TESTS: Minimum testing time is 1 hour O Pump ○ Flowing Artesian () Bailer ( Air

_	Yield gal/	min	Dra	awdown	Dı	rill stem/Pump depth	]	Duration (h	ır)	
	60					353		1		
Tem	Femperature 60 °F Lab analysis X Yes By SDI, Iron Trace									
	ter quality of From				(des	scribe below) TDS a			ppm	
	From	To	)		Ì	Description		Amount	Units	
	54	89	)	Too Littl	e	-		0	gpm	

				1	Jate	SW	L(psi)	-	-	2	SWL(ft)
Existir	ıg We	ll / Pre-Alter	ation								
Compl	leted V	Vell		8/10/20	)21						185
		Flowin	g Arte	esian?		Dry	Hole?				
ATER BI	EARIN	NG ZONES		Deptl	n water	was	s first fo	und	7	2.0	00
SWL Da	te	From	То		Est Flo	w	SWL(p	si)	H	F	SWL(ft)
8/4/2021	l	72	5	89	0						72
8/6/2021	L	253	2	.84	16						185
8/10/202	21	348	3	58	60						185
										Ī	
									1 [		

Page 1 of 3

E/W WM

(11) WELL LOG Ground Elevation	338.00	
Material	From	То
Clay, brown	0	5
Clay, brown gritty	5	8
Clay, multicolored gritty	8	13
Lava, multicolored weathered soft	13	25
Clay, tan stiff	25	29
Clay, gray gritty w/layers	29	49
of claystone, gray	29	49
Clay, gray	49	54
Clay, brown & gray sandy w/seams	54	87
of sand, gray	54	87
Clay, tan	87	97
Clay, gray	97	124
Clay, blue	124	132
Clay, gray	132	179
Clay, bluish-gray stiff	179	196
Clay, blue mixed w/white gritty	196	203
Clay, bluish-gray	203	228
Clay, gray stiff	228	243
Clay, gray w/wood	243	253

Date Started8/2/2021 Completed 8/10/2021

(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.

Date <u>8/11/2021</u>

Date 8/11/2021

Signed RUSSELL KENNER (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 2006

Signed CHRISTEN BLAND (E-filed)

Contact Info (optional) SKYLES WELL DRILLING 503-656-2683

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

## WATER SUPPLY WELL REPORT -

#### continuation page



# WELL I.D. LABEL# L 140876 START CARD # 1053246

# ORIGINAL LOG #

### Water Quality Concerns

**CLAC 76625** 

From	То	Description	Amount	Units

#### (10) STATIC WATER LEVEL

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

# (11) WELL LOG

	То
253	268
253	268
268	273
273	284
284	287
287	294
294	304
304	309
309	318
318	328
328	332
332	345
345	348
348	355
355	359.5
355	359.5
359.5	360
	253      268      273      284      287      294      304      309      318      328      332      345      348      355

#### **Comments/Remarks**

Water Bearing Zone 72' to 89' <1

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow CLAC 76625

8/11/2021

Map of Hole

### STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

# LOCATION OF WELL

Latitude: 45.27556900 Datum: WGS84 Longitude: -122.60421760 Township/Range/Section/Quarter-Quarter Section: WM3.00S2.00E30SESE Address of Well: 12669 S CARUS RD, OREGON CITY, OREGON

#### Oregon Water Resources Department 725 Summer St NE, Salem OR 97301

Well Label: 140876

OREGON

# Printed: August 10, 2021

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

(503)986-0900

Provided by well constructor

