

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

WESTERBERG DRILLING INC.
PO BOX 1228
MOLALLA, OR 97038

WELL I.D. LABEL# L 138795
START CARD # 218456
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name Ray Last Name Motameni
Company _____
Address 24250 S. Powder Rd.
City Oregon City State OR Zip 97045

(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
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 232.5 ft. Special Standard ☐ (Attach copy)

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	194	Bentonite	0	54	24	\$
6	194	234			Calculated	24	
			Cement	54	194	64	\$
					Calculated	39	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other Bentonite Placed Dry & Hydrated

Backfill placed from 232.5 ft to 234 ft. Material Sand

Filter pack from 174 ft to 234 ft. Material Sand Size 6/9

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
Riser Pipe ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Tail Pipe ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 197

Temp casing ☒ Yes Dia 10 From + ☐ 0 To 4

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type V-Wire

Material Stainless Steel

Perf/S	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Screen	4	211	231		.060			PS

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
35		209	1

Temperature 57 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 210 ppm
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 4 S N/S Range 2 E E/W WM
Sec 2 NE 1/4 of the NE 1/4 Tax Lot 900
Tax Map Number _____ Lot _____

Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD

☒ Street address of well ☐ Nearest address

24250 S. Powder Rd, Oregon City, OR 97045

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	08-03-2021			162

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 71

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
07-28-2021	71	77	11			16
08-03-2021	212	232	35			162

(11) WELL LOG

Ground Elevation

Material	From	To
Clay Red	0	14
Lava Grey Medium	14	22
Clay Grey Sticky	22	44
Sandstone Brown Soft	44	52
Claystone Brown Soft	52	60
Clay Tan	60	71
Lava Grey with Red Medium Soft	71	77
Brown Siltstone	77	82
Clay Brown	82	85
Clay Grey	85	94
Claystone Brown	94	108
Clay Brown	108	128
Softstone/Gravel Conglomerate	128	133
Clay Grey	133	136
Sandstone Brown	136	149
Clay Grey	149	212
Sandstone/Gravel Brown Cemented	212	232
Clay Brown	232	234

Date Started 07-26-2021

Completed 08-03-2021

(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 _____ 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 688 Date 08-20-2021

Signed Steve N. Stedeh

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95