

STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 76955

WELL I.D. LABEL# L

143579

START CARD #

1054287

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

1/28/2022

(1) LAND OWNER

Owner Well I.D. 4

First Name _____ Last Name _____
Company TOWNSEND FARMS, INC
Address 23400 NE TOWNSEND WAY
City FAIRVIEW, OR 97024 State OR Zip 97024

(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 Thrd
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☒ Reverse Rotary ☒ Other REVERSE MUD

(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 232.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
20	0	18	Cement	0	100	122	S
16	18	109			Calculated	90	
10	109	240			Calculated		
6	240	368			Calculated		

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

Backfill placed from 232 ft. to 368 ft. Material SLOUGH

Filter pack from 89 ft. to 232 ft. Material SILICA SAND size 8/12

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	Thrd
☒	☐	10	☒	2	100	.250	☒	☐	☒	☐
☐	☒	6	☐	89	94	.250	☒	☐	☒	☐
☐	☒	6	☐	149	172	.250	☒	☐	☒	☐
☐	☒	6	☐	212	232	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type V-Shaped Wire Wrap Material 304SS

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	6	94	149	40			6
Screen	Liner	6	172	212	40			6

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
91	105	160	4

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 60 ppm

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 21 NW 1/4 of the NW 1/4 Tax Lot 600

Tax Map Number 24E21 Lot _____

Lat _____ " or 45.38553334 DMS or DD

Long _____ " or -122.33000784 DMS or DD

☒ Street address of well ☐ Nearest address

19330 SE TICKLE CREEK RD, BORING OREGON 97009

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	1/19/2022			37

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 16.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10/15/2021	10	20	10			16
1/19/2022	37	232	100			37

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil with red clay	0	5
Clay, red, with some cemented sand	5	11
Sand, red, cemented with some clay brown	11	14
Clay, tan, with sand and gravel, cemented	14	19
Clay, tan, soft, sandy with gravel, 1"-	19	24
Sand, multicolored, cemented w/gravel	24	27
Gravel, multicolored, 3/4" minus w/sand	27	35
Sand, tan and multicolored w/gravel 3/4-	35	44
Sand, med, tan and brown, w/gravel cmt	44	140
Clay, tan and grey, medium	140	142
Sand, fine to medium, cemented	142	144
Clay, tan, medium with layers hard	144	147
Sand, multi colored, some cementation	147	149
Clay, tan, medium with s/clay, red s/hrd	149	158
Clay, grey, soft, silty with layers hard	158	168
Clay, grey, soft with lenses of hard	168	170
Clay, grey, soft	170	173
Clay, tan, medium, with some gravels	173	176
Clay, grey, soft	176	177

Date Started 10/13/2021

Completed 1/19/2022

(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 2034

Date 1/27/2022

Signed CODY GRIFFITH (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 1988

Date 1/28/2022

Signed ERIC SCHNEIDER (E-filed)

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:

New exempt use wells must be submitted with a map and recording fee.

3/8" steel plate welded to bottom of liner at 232' bgs.
6" threaded NPT nipple welded on top of liner at 89.

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

CLAC 76955

1/28/2022

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.38553334 Datum: WGS84

Longitude: -122.33000784

Township/Range/Section/Quarter-Quarter Section:
WM2.00S4.00E21NWNW

Address of Well:

19330 SE TICKLE CREEK RD

Well Label: ~~14579~~ 143579

Printed: January 24, 2022

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.

Provided by well constructor

