

CLAC 77182
WESTERBERG DRILLING INC.
PO BOX 1228
MOLALLA, OR 97038

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. LABEL#	141575
START CARD #	218462
ORIGINAL LOG #	

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Robert Last Name Gabriel
 Company _____
 Address 8474 Hazelgreen Rd
 City Silverton State OR Zip 97381

(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 Cobic Auger Cable Mud
 Reverse Rotary Other _____

(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 183.5 ft.

BORE HOLE			SEAL				Amt	sacks/lbs
Dia	From	To	Material	From	To			
16	0	184	Bentonite	0	8	34	S	
						Calculated	16	
			Cement	8	68	64	S	
						Calculated	29	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 21 ft. to 184 ft. Material CSS 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
 *
 *
 Shoe Inside Outside Other Location of shoe(s) 184
 Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type V-Wire Material Stainless Steel
 Perf/S Casing/Screen
 Screen Liner Dia From To Scrs/slot width Slot length # of slots Tcle/p pipe size

Screen	10	72	85	.065			PS
Screen	10	91.5	111.5	.065			PS
Screen	10	127	153	.065			PS
Screen	10	157.5	178.5	.065			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)
200	64		5

 Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 131 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County CLACKAMAS Twp 3 S N/S Range 1 E E/W WM
 Sec 29 SW 1/4 of the SW 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

Open field at very end of Barlow Rd. Approx 1/4 mile north of Fawver Rd.

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	03-17-2022		15.67

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
09-03-2021	45	54	50-60		10.75
09-06-2021	72	178	200		15.67

(11) WELL LOG Ground Elevation _____

Material	From	To
Soil	0	1
Clay Brown Dense	1	5
Cemented Gravel	5	22
Gravel Brown	22	28
Dirty Brown Sand & Gravel	28	32
Gravel Brown	32	36
Gravel Brown & Grey	36	45
Gravel Medium Loose	45	54
Tightly Cemented Gravel	54	57
Clay Grey with Some Gravel	57	65
Clay Grey & Green	65	68
Silt Grey-Green	68	72
Gravel Medium	72	85
Silt Grey	85	92
Sand Black	92	100
Sand & Silt	100	107
Cemented Gravel	107	111
Clay Blue	111	118
Silt Blue	118	122

Date Started 09-03-2021 Completed 03-22-2022

(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 1858 Date 04-01-2022
 Signed [Signature]

(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 04-12-2022
 Signed [Signature]
 Contact Info (optional) _____

