

CLAC 77633
WESTERBERG DRILLING INC.
PO BOX 1228
ALBANY, OR 97038

WELL I.D. LABEL# L146617
 START CARD # 218652
 ORIGINAL LOG #

STATE OF OREGON
 WATER SUPPLY WELL REPORT

(as required by ORS 537.545 & 537.765 and OAR 690-203-020)

(1) **LAND OWNER** Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CMS Land / Dickman Farms Inc
 Address 15829 Mt Angel/Scotts Mills Rd NE
 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 Cable 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 514 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
17	0	114	Bentonite	0	4	4	S
12	113	518			Calculated	3	
			Cement	4	114	128	S
					Calculated	65	

How was seal placed: Method A B C D E
 Other bent placed dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size

(5a) **ABANDONMENT USING UNHYDRATED BENTONITE**
 Proposed Amount P Actual Amount P

(6) **CASING/LINER**
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 10" x 6" bushings
 Outside Inside Other Location of shoe(s) 114'-16" shoe
 Temp casing Yes Dia 16 From + 3 To 114

(7) **PERFORATIONS/SCREENS**
 Perforations Method _____
 Screens Type V wire Material S.S.

Perf Screen	Casing/ Liner Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Sc	8	345	377	.070			8/ps
Sc	8	407	412	.070			8/ps
Sc	8	472	488	.070			8/ps
Sc	8	492	512	.070			8/ps

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 800 Drawdown 135.5 Drill stem/Pump depth 315 Duration (hr) 6

Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 284 ppb
 From To Description Amount Units

(9) **LOCATION OF WELL (legal description)**
 County CLACKAM Twp 4 S N/S Range 2 E E/W WM
 Sec 29 SW 1/4 of the SW 1/4 Tax Lot 2100
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.18748 DMS or DD
 Long _____ " or -122.59650 DMS or DD
 Street address of well Nearest address
 S. Eby Rd., Canby

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	12/29/22		74'8"

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 28

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
dnm	28	38	dnm		dnm
dnm	38	105	dnm		dnm
all sand &	gravel	layers	below	155 ft.	
dnm individual	SWL	or flows			

(11) **WELL LOG** Ground Elevation _____

Material	From	To
soil & gravel	0	1
clay brown	1	10
gravel & clay	10	20
cemented gravel	20	38
gravel with clay	38	105
clay grey	105	110
clay tan	110	118
clay tan with gravel	118	125
cemented gravel	125	148
packed silt brown	148	155
cemented gravel with packed sand	155	175
clay brown	175	180
packed silt grey	180	187
packed sand grey	187	194
packed silt grey	194	239
packed sand	239	241
loose sand grey	241	248
siltstone brown	248	258
packed silt & sand green	258	260

Date Started 7-14-22 Completed 12-29-22

(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 698 Date 12-29-22
 Signed *Steven N. Steinhilber*
 Contact Info (optional) _____

