

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

CLAC 78014

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

1061341

CLACKAMAS 307

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

6/14/2023

(1) LAND OWNER

Owner Well I.D. _____
 First Name _____ Last Name _____
 Company CITY OF MILWAUKIE
 Address 10722 SE MAIN ST
 City MILWAUKIE State OR Zip 97206

(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	SEAL	
									Material	From To
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other ABANDONMENT

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other ABANDONMENT

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well _____ ft.

BORE HOLE		Material	From	To	Amt	sacks/lbs
Dia	From To					
					Calculated	
					Calculated	

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

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

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
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

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

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 0 _____ ppm
 From _____ To _____ Description _____ Amount _____ Units _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 1.00 S N/S Range 1.00 E E/W WM
 Sec 25 NE 1/4 of the SE 1/4 Tax Lot 2500

Tax Map Number _____ Lot _____

Lat _____ " or 45.45108933 DMS or DD

Long _____ " or -122.62250212 DMS or DD

Street address of well Nearest address

3800 SOUTHEAST HARVEY ST, MILWAUKIE OR 97222

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	5/30/2023			116
Completed Well				

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found _____

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

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

(11) WELL LOG

Ground Elevation _____

Material	From	To

Date Started 5/30/2023 Completed 6/2/2023

(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 2033 Date 6/14/2023

Signed ZACHARY LANG (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 6/14/2023

Signed ERIC SCHNEIDER (E-filed)

Contact Info (optional) _____

WATER SUPPLY WELL REPORT - continuation page

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WELL I.D. LABEL#

START CARD #



1061341

6/14/2023

ORIGINAL LOG #

CLACKAMAS 307

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								

Material	From	To	Amt	sacks/lbs













(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				sacks/lbs
Dia	From	To	Material	From	To	Amt	lbs
						Calculated	
						Calculated	
						Calculated	
						Calculated	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
									
									
									
									
									
									

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner Dia	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To

Comments/Remarks

Abandoned well as per approved special standard. Backfilled with pea gravel to 160', installed 3' of sand to 157'. Pumped neat cement from 157' to surface. Calculated amount 103 sacks, actual amount 220 sacks.

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

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6/14/2023

Map of Hole

