

Amended 11/1/2023

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

CLAC 78150

(9) LOCATION OF WELL (legal description)

County Clack Twp 2 N/S 0 Range 3 E/W WMSec 36 SW 1/4 of the SW 1/4 Tax Lot 1400

Tax Map Number _____ Lot _____

Lat 45° 34' 62" or _____ DMS or DDLong 122° 39' 02" or _____ DMS or DD

() Street address of well () Nearest address

Same as 1

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration _____

Completed Well 7-10-23 29

Flowing Artesian? () Dry Hole? ()

WATER BEARING ZONES Depth water was first found 41

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

7-10-23 41 47 _____ 29

(11) WELL LOG

Ground Elevation _____

Material	From	To
Soil Brown	0	1
Clay Brown grey	1	6
Cobbles w/clay grey	6	31
Brown grey		
Gravel w/c cemented	31	47
Clay Blue sticky	47	71
Clay Grey	71	103
Clay grey w/clay stone	103	150
Peices		
backfill cement	65	68

Date Started 6-12-23 Completed 7-10-23

(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 quantities reported above are true to the best of my knowledge and belief.

License Number _____

Signed _____

Date
AUG 09 2023

(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 792Date 8-3-23Signed Rick Walcott

Contact Info (optional) _____

(1) LAND OWNER

Owner Well I.D. _____

First Name PAUL Last Name Nichols

Company _____

Address 23500 Laurel LnCity OREGON CITY State ORE Zip 97045

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stil 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 65 ft.

BORE HOLE

SEAL

Dia From To Material From To Amt (sacks) lbs

10 0 27 Bentonite 0 27 31Calculated 256 27 68 _____6 68 150 _____

Calculated _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other Poured + pressedBackfill placed from 68 ft. to 150 ft. Material Bentonite clayFilter pack from 65 ft. to 68 ft. Material crushed gravelExplosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd

☒ ☐ 6 5/8 ☒ 1 41 200 ☒ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 41Temp casing ☒ Yes Dia 10 From 0 To 19

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____

Material _____

Perf/S Casing/Screen Scrn/slot Slot # of Tele/

creen Liner Dia From To width length slots 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)

2.5 TOTAL _____ 1hr

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 80 ppm

From To Description Amount Units

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

Dave Nicols

23500 Laure Ln.

Oregon city 97045

RECEIVED

AUG 09 2023

OWRD

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