

STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 78217

WELL I.D. LABEL# L

152226

START CARD #

1070487

ORIGINAL LOG #

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

9/14/2023

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(1) LAND OWNER

Owner Well I.D. 04

First Name DUSTIN

Last Name GRUETTER

Company

Address 11251 SE 232ND AVE

City DAMASCUS

State OR

Zip 97089

(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 Thrld
Material From To Amt sacks/lbs
Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☒ Other HOLTE

(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 318.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10.9	0	59	Bentonite	0	18	12	S
8	59	145	Calculated			8	
7.6	145	297	Cement with 5% Bently	18	59	13	S
6	297	318	Calculated			12	

Seal placement method ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POURED BENTONITE

Backfill placed from 59 ft. to 145 ft. Material CEM/BENT

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Type Amount

Seal Placement Begin Date 9/8/2023 Begin Time 12 30

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☒ Yes Dia 10 From + 1 To 59

(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)
200		295	0.3
150		250	0.2
50		180	0.5

Temperature 57 °F Lab analysis ☒ Yes By SDI, Iron Trace

Water quality concerns? ☒ Yes (describe below) TDS amount 74 ppm

From	To	Description	Amount	Units
216	248	Color		

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 1.00 S N/S Range 3.00 E E/W WM

Sec 34 SW 1/4 of the NE 1/4 Tax Lot 800

Tax Map Number 13E34A

Lot

Lat ° ' " or 45.43997000 DMS or DD

Long ° ' " or -122.42256000 DMS or DD

☒ Street address of well ☐ Nearest address

11251 SE 232ND AVE, DAMASCUS, OR 97089

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/11/2023			140
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 8.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/8/2023	8	51	1			8
9/11/2023	142	318	250			140

(11) WELL LOG

Ground Elevation 504.00

Material	From	To
Topsoil, brown	0	5
Clay, tan gritty	5	7
Conglomerate, multicolored soft	7	26
Conglomerate, multicolored	26	51
Lava, gray & brown	51	60
Conglomerate, multicolored mostly gray	60	142
Gravel, mc medium lightly cemented	142	167
Gravel, mc medium w/sand cemented	167	180
Gravel, mc medium w/sand & pumice	180	195
Claystone, multicolored broken w/wood	195	203
Gravel, multicolored medium w/sand	203	216
Clay & Claystone, mc broken @times sandy	216	239
Gravel, small to medium w/sand, mc	239	245
Claystone, multicolored broken	245	248
Sand, multicolored coarse cemented	248	249
Conglomerate, multicolored soft broken	249	280
Sand, black & small gravels cemented	280	318

Construction

Begin Date 8/28/2023 Begin Time 10 25 End Date 9/11/2023

(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 1715 Date 9/14/2023

Signed RUSSELL KENNER (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 2006 Date 9/14/2023

Signed CHRISTEN BLAND (E-filed)

Contact Info (optional) SKYLES WELL DRILLING 503-656-2683

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.

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

CLAC 78217

9/14/2023

Map of Hole

