

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.765)

(WELL I.D.)# **L 72824**
(START CARD) # **169162**

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number **4**
Name **Norway Development**
Address **13014 Clackamas River Dr**
City **Oregon City** State **OR** Zip **97045**

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **405** ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | | |
|----------|------|-----|-----------|------|----|-----------------|--|
| Diameter | From | To | Material | From | To | Sacks or pounds | |
| 10" | 0 | 19 | Bentonite | 0 | 19 | 7 sacks | |
| 6" | 19 | 405 | | | | | |

How was seal placed: Method A B C D E
 Other **poured dry**
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|------|----|-------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Casing: 6" | +1 | 19 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) **19 ft.**

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Casing | Liner |
|------|------|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | None | | | | Tele/pipe size | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 1 1/4 | | 400 | 1 hr. |

Pump Bailer Air Flowing Artesian

Temperature of water **51** Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County **Douglas** Latitude _____ Longitude _____
Township **26 S** Range **5 W** WM. _____
Section **31 SW** 1/4 **SW** 1/4
Tax Lot **1300** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **New Development --Roseburg Orchard Tracts Roseburg, OR**

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date **9/23/04**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **37 ft.**

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 37 | 38 | 1 1/4 | 36 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------------|------|-----|-----|
| Brown clay | 0 | 2 | |
| Black clay | 2 | 5 | |
| Shale | 5 | 9 | |
| Marine basalt (some clay) | 9 | 57 | 36 |
| Blue clayatone (soft) | 57 | 67 | |
| Marine basalt | 67 | 132 | |
| Blue claystone (soft) | 132 | 375 | |
| Marine basalt | 375 | 387 | |
| Blue claystone | 387 | 405 | |

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Date started **9/23/04** Completed **9/23/04**

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed _____ WWC Number **1284** Date **9/26/04**