

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L 149670
 START CARD # 218871
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Adult & Teen Challenge
 Address 18600 SE McLoughlin Blvd
 City Milwaukie State OR Zip 97267

(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: _____

(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 67 ft.

BORE HOLE			SEAL			Amt lbs
Dia	From	To	Material	From	To	
10	0	19	Cement	0	19	6
6	19	67				5
						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 Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
 6 2 67 1250
 Shoe Inside Outside Other Location of shoe(s) 67 1/2
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf/S creen	Casing/ Liner	Dia	From	To	Scr/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 40 Drawdown 65 Drill stem/Pump depth 2 Duration (hr) _____
 Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 100 ppm
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County Linn Twp 13 N/S Range 4 E/W M
 Sec 12 NW 1/4 of the NE 1/4 Tax Lot 600
 Tax Map Number _____ Lot _____
 Lat _____ " or N 44.46059 DMS or DD
 Long _____ " or W 123.11794 DMS or DD
 Street address of well Nearest address

31700 Fayetteville DR Shedd, OR 97377

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>10-19-23</u>		<u>18</u>

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 59

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>10-19-23</u>	<u>60</u>	<u>67</u>	<u>40</u>		<u>18</u>

(11) WELL LOG
 Ground Elevation _____

Material	From	To
Brown Topsoil	0	2
Brown sand & gravel (cemented)	2	19
Brown sand & gravel (cemented)	19	49
Blue clay small gravel (cemented)	49	55
Blue sand & wood	55	60
Blue gravel (little sand)	60	67

 Seal Placement Date: 10-19-23
 Seal Placement Time: 2:00 pm
 Construction Begin Date: 10-18-23
 Construction Begin Time: 9:30 AM
 Construction End Date: 10-19-23

Date Started 10-19-23 Completed 10-19-23

(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 information reported are true to the best of my knowledge and belief.
 License Number _____ Date NOV 06 2023
 Signed _____

(bonded) Water Well Constructor Certification **OWRD**
 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 #1753 Date 10-19-23
 Signed Scott Rincey
 Contact Info (optional) Scott Rincey #1282

N44.46059 W123.11794 L-149670 31700 Fayetteville Dr. Shedd, OR. 97377



10/29/2023, 3:23:43 PM

 taxlot

CountyLines

 mapIndex

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NOV 06 2023

OWRD

