

STATE OF OREGON
WATER SUPPLY WELL REPORT

MULT 142127

WELL I.D. LABEL# L

151344

START CARD #

1075176

ORIGINAL LOG #

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

9/11/2024

(1) LAND OWNER

Owner Well I.D. _____

First Name LAURA BELSON Last Name ROBERT GLASSO

Company _____

Address 35719 SE LUSTED RDCity BORING State OR Zip 97009**(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	Amt	sacks/lbs

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 177.00 ft.

BORE HOLE				SEAL			sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	37	Bentonite Chips	0	2	1.5	S
8	37	177			Calculated	0.91	
			Cement with 3% Bento	2	37	2800	P
					Calculated	712	

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 9/9/2024 Begin Time 08 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe Location
C	6	☒	2	177	0.250	ST	☒		IN. 177
L	4		3	137	Sch40	PL		☒	IN. 177

Temp casing ☒ Yes Dia 10 From + ☒ 3 To 37**(7) PERFORATIONS/SCREENS**Perforations Method push down perforatorScreens Type QUICK LOK Material PVC

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	101	120	.25	1	247	
Screen	Liner	4	157	177	.32			Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	94		177	1

Temperature 56 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 76 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County MULTNOMAH Twp 1.00 S N/S Range 4.00 E E/W WMSec 22 NE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 45.47513644 DMS or DD

Long _____ " or -122.29104775 DMS or DD

☒ Street address of well ☐ Nearest address35719 SE LUSTED RD, BORING, OR 97009**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/9/2024			39
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 101.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/9/2024	101	120	94			39

(11) WELL LOG

Ground Elevation _____

Material	From	To
MULTI COLORED SAND FINE	0	4
MULTI COLORED GRAVEL LARGE LOOSE	4	12
MULTI COLORED SAND AND GRAVEL LOOSE	12	35
MULTI COLORED GRAVEL W BOULDERS	35	39
MULTI COLORED SAND AND GRAVEL LOOSE	39	74
GREY GRITTY CLAY	74	101
GREY SANDSTONE	101	113
FINE SAND	113	116
GREY BLUE CLAY	116	177

Construction

Begin Date 9/3/2024 Begin Time 11 00 End Date 9/9/2024**(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 2089 Date 9/11/2024Signed TYLER KYLE (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 1771 Date 9/11/2024Signed GEORGE YOUNGBERG (E-filed)Drilling Company: YOUNGBERG PUMP & WELL DRILLING LLC 503-630-3

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

MULT 142127

9/11/2024

Map of Hole

