

AMENDED 3/12/2020

Amendment

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

WASC 52704

1/8/2020

WELL I.D. LABEL# L Not Filled
START CARD # 1044435
ORIGINAL LOG # WASC 3023

(1) LAND OWNER
Owner Well I.D. _____
First Name DOUGLAS Last Name LEE
Company _____
Address 13340 GOODALL RD.
City LAKE OSWEGO State OR Zip 97034

(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 CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 480 ft.
BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
<u>6</u>	<u>0</u>	<u>480</u>					
						Calculated	
						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 137.00 Sacks Actual Amount 138.00 Sacks

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(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) _____
Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 169 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County WASCO Twp 2.00 N N/S Range 12.00 E E/W WM
Sec 18 NE 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

11885 DRY CREEK RD, MOSIER OR 97040

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Completed Well	Date	SWL (psi)	+	SWL (ft)

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>?</u>		
<u>157 Bags of Bentonite</u>		
<u>28'-480'</u>		
<u>6 Bags of cement</u>		
<u>0 - 28'</u>		

Date Started 11/19/2019 Completed 11/19/2019

(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 _____ Date _____
Signed _____

(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 1879 Date 1/8/2020
Signed MICHAEL MERRITT (E-filed)
Contact Info (optional) Triton Burleson