

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

WASH 72571

WASH 72971

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

WELL LABEL # L

START CARD # 1022482

ORIGINAL LOG # 011456

(1) LANDOWNER Owner Well I.D.
First Name Last Name Kerr Contractors
Company Kerr Contractors
Address
City Woodburn State OR Zip 97071

(2) TYPE OF WORK ☐ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☒ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 440 ft.

Seal Material Cement

Casing Type: ☒ Steel ☐ Plastic ☐ Other

Casing Gauge 250 Casing Diameter 6"

(3) DRILL METHOD ☒ Rotary Air ☐ Rotary Mud ☐ Auger
☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other

(4) PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☒ Other Abandonment

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 0 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
6"	0	440	Cement grt	0	440	160	35

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Temix = Pimpaltru 2" from 440- L.S.

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Air - Hot

Screens Type Star-wheel Material _____

Perf	Scrn	Casing	Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓		X		0	20		5/8	460	P	
<u>Ripped with air Perf from -LS to 20' bgs</u>										

(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 _____ °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Was Twp 2 N of S Range 1 E of W.W.M.

Sec 5 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) across the intersection of 155th & S.W. Shaik's Ferry Rd

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	3-13-14			196

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
3-13-14						196

(11) WELL LOG

Ground Elevation _____

Material	From	To
Removed 2hp sub pump set @ 360'		
Record SWL @ 196		
Perforated existing 6" well casing from L.S. to 20' bgs & Run @ 460' Total P.C.F.s		
Install 2" grout pipe to bottom of well @ 440' & install 160 sacks of cement grout to L.S.		

Date Started 3-13-2014 Completed 3-13-2014

(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 #723 RECEIVED BY OWRD

Signed _____

(bonded) Water Well Constructor Certification MAR 27 2014

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 #723 Date 3-14-2014

Signed _____ Chuck Stadel

Contact Info. (optional)

Stadel's h2o Grp LLC
503-551-1930