

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

WATER RESOURCES DEPT.
SALEM, OREGON

CLAC
142

45/1E/306d

(START CARD) # 20357

(1) OWNER:

Name ARTHUR BELL Well Number: _____
Address 6543 S. ZIMMERMAN
City AURORA State OR Zip 97002

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable
☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 238 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	1	23	GRANULAR BENTONITE			11
6	23	238				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other GRANULAR BENTONITE METHOD

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	0	221	125	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 221

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30	50		1 hr.

Temperature of water _____ 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 CLATSOP Longitude _____
Township 45 N or S, Range 1E E or W, WM.
Section 30 SE $\frac{1}{4}$ NW $\frac{1}{4}$
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

27 ft. below land surface. Date July 18
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
155	156		60
230	237		77

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
SOIL			
CLAY BROWN	1	3	
SAND FINE BROWN	3	33	
CLAY GREY	33	38	
CLAY TAN	38	80	
CLAY BLUE	80	140	
SAND	140	155	
CLAY DK GREEN	155	156	
CLAY SANDY GREEN	156	170	
CLAY BLACK	170	173	
CLAY LT BLUE	173	177	
CLAY GREY SANDY	177	205	
CLAY GREY	205	212	
SANDSTONE BLACK (DRY)	212	220	
SAND BLACK	220	230	
CLAY BLUE	230	237	
	237	238	

Date started July 16 Completed July 18, 1992

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Richard Beck WWC Number 743
Date July 18, 1992