

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

CLAC
 02009

RECEIVED
 SEP 15 1989

55/1W/1dd
 10358

(1) OWNER: Well Number: _____
 Name RICH EGGIMANN
 Address 30751 S. MERIDIAN
 City HUBBARD State OR Zip 97032

(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 159 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From	To	Material	To 2 sacks or pounds
12	1	23	GRANULAR BENTONITE	12
8	23	159		

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: 8	0	159	125	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 159

(7) PERFORATIONS/SCREENS:
 Perforations Method DAVEDOWN 4-WAY
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
23	153	10x1	240			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 100 Drawdown 22 Drill stem at _____ Time 2 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 55 N or S, Range 1W E or W, WM.
 Section 1 SE ¼ SE ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
78' ft. below land surface. Date SEPT 3
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
41	45		40
78	85		40
119	150		78

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL	1	2	
CLAY BROWN	2	35	
SILT BROWN	35	41	
SAND BROWN	41	45	
CLAY GREY	45	58	
CLAY BROWN	58	70	
BROWN SANDSTONE	70	78	
SAND & GRAVEL BROWN	78	85	
CLAY BROWN	85	97	
CLAY GREY	97	112	
CLAY SILTY BK GREY	112	119	
SAND BLACK	119	138	
SAND & GRAVEL BLACK	138	150	
LT GREEN CLAY	150	155	
BLUE CLAY	155	159	

Date started AUG 28 Completed SEP 3, 1989

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 743
 Signed Richard Buh Date Sept 10, 1989