

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

CLAC
 02367

5s/1E/6ad
 (START CARD) # 7110

(1) OWNER: Well Number: _____
 Name Richard Kropf
 Address 5993 S. MILLER RD
 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 190 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From/To	To	sacks or pounds
12	1	20	GRANULAR BENTONITE			15
8	20	190				

How was seal placed: Method A B C D E
 Other GRANULAR BENTONITE METHOD
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 149 ft. to 190 ft. Size of gravel PEA

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8	1	150	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	149	180	C-160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method 4-WAY DRIVE DOWN
 Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
149	180	RISER			6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	190	30			6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
106	111	1"X.2"	120	PERFORATIONS		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 180 Drawdown _____ Drill stem at AIR LINE @ 126' Time 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 Latitude _____ Longitude _____
 Township 5S N or S, Range 1E E or W, WM.
 Section 6 SE 1/4 NE 1/4
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
54 ft. below land surface. Date 6/15
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 69

From	To	Estimated Flow Rate	SWL
69	79		45
90	110		54
129	189		54

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL	1	3	
CLAY BROWN	3	28	
CLAY GREY	28	63	
CLAY GREY SILTY	63	69	
CEMENTED GRAVEL	69	74	
LOOSE GRAVEL	74	75	
CEMENTED GRAVEL	75	79	
CLAY GREY	79	90	
SILT DARK GREY	90	94	
SAND, BLACK	94	106	
SAND & GRAVEL	106	110	
CLAY DK BROWN	110	113	
CLAY GREY	113	130	
CLAY BLUE	130	163	
CLAY GREEN	163	179	
SAND BLACK FINE	179	189	
CLAY GREY	189	190	

Date started 6/5/89 Completed 6/15/89

(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 Beck Date 6/15/89