

CLAC  
54178

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

WELL I.D. # L 28524  
START CARD # 120449

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

(1) OWNER: Well Number #1  
Name Bill Patterson  
Address P.O. Bx 99  
City Boonville State Or Zip 97009

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 280 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
12"	0 65	Cement	0 193 51 Sacks
10"	65 193		
8"	193 280		

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
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"	+2	195	258	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	180	240	200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type 1026T Material PUL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	280	1026T		6"	4-10'	<input type="checkbox"/> screen	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40'	3'		1 hr.

Temperature of water 56 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 28 N or S Range 4E E or W. WM.  
Section 31 NW 1/4 SE 1/4  
Tax Lot 3900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 29105 SE WEITZ Ln., Eagle creek Or. 97022

(10) STATIC WATER LEVEL:  
248 ft. below land surface. Date 12-17-98  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 248

From	To	Estimated Flow Rate	SWL
35	58	Sealed OFF	22
248	256	46'	

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(12) WELL LOG:  
Ground Elevation \_\_\_\_\_ WATER RESOURCES DEPT. SALEM, OREGON

Material	From	To	SWL
Top Soil	0	2	
Clay + Balders	2	35	
Gravel + Balders	35	58	22
Clay Blue	58	65	
Clay Gray	65	160	
Clay Blue	160	170	
Clay Gray	170	210	
Clay Blue	210	215	
Clay Gray	215	235	
Clay Blue	235	248	
Sand Multi Colored	248	256	122
Clay Gray	256	270	
Clay Blue	270	280	

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WATER RESOURCES DEPT. SALEM, OREGON

Date started 11-25-98 Completed 12-17-98  
(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Thomas Young WWC Number 1512 Date 12-17-98

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed W. O. Young WWC Number 257 Date 12-17-98