

OREGON
WATER WELL REPORT
(as required by ORS 537.765)

NOTES: No original report. This copy was submitted with Appl. 6-15-96
CLAC 53589 overwritten for readability. - Dunn Miller

(START CARD) # 31518

(1) OWNER: Well Number _____
Name Chris Youngblood
Address 26810 S. Ballard
City Canby State OR Zip _____

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	or pounds
12"	0 124	Cement	0 124	46	

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:

Casing/Liner	Diameter	From To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing	8"	1 1/2 182	250	<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) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method perforator
 Screens Type _____ Material _____

From	To	Shot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	165	1/2"	300			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250		165	1 hr.

Temperature of Water 54 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 _____

(9) LOCATION OF WELL by legal description:
County Clatsop Latitude _____ Longitude _____
Township T4S N or S. Range 1E E or W. WM. _____
Section 16 SW SW SE per appl. map
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 4-23-94
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
150	165	250	28

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	1	
clay sandy	1	29	
gravel	28	29	
clay gray	28	150	
sand white & medium	150	165	28
clay blue	165	182	

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MAR 6 2000

WATER RESOURCES DEPT
SALEM, OREGON

Date started 4-15 Completed 4-23-94

(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.

WWC Number 728