

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

WELL I.D. # L 30192
 START CARD # 118381

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

(1) OWNER: Well Number 14-00
 Name Karam Nursery
 Address 15028 S. Redland Rd.
 City Clatsop City State OR Zip 97115

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	58	Cement	0	58	28.5
6	58	220	26 lb. wt.			

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: 6	1	148	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5	140	220	188	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	220	1/8	120			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	101		1 hr.

Temperature of water 53 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 Clack Latitude _____ Longitude _____
 Township 23 N or S Range 2E E or W. WM.
 Section 34 5E 1/4 N10 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 15028 S. Redland Rd. Clatsop City, OR 97115

(10) STATIC WATER LEVEL:
69 ft. below land surface. Date 7-5-00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 158 ft.

From	To	Estimated Flow Rate	SWL
158	171	50	69

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Clay-brown	0	43	
Gravel-brown	43	48	
Clay-brown	48	56	
Clay gray blue	56	75	
Clay-grout	75	158	
Sand coarse	158	171	69
Clay-blue	171	203	
Clay-gray	203	220	

RECEIVED

JUL 18 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 6-30-00 Completed 7-5-00

(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.
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1
 Signed Michael Date 7-13-00