

W 65CLAC, 57583

FEB 12 1991

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

(1) OWNER: Well Number: _____
Name GARY HERTZOG
Address 2592 LIMERICH LANE
City WEST LINN State OREG. Zip 97068

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>6</u>	<u>0</u>	<u>20</u>	<u>CEMENT</u>	<u>0</u>	<u>20</u>	<u>11</u>

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:	<u>6</u>	<u>+1</u>	<u>145</u>	<u>250"</u>	<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 MILLS KNIFE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>120</u>	<u>142</u>		<u>100</u>	<u>2" x 1/4"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 30 Drawdown 14 Drill stem at _____ Time 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 2S N or S, Range 2E E or W, WM.
Section 22 1/4 _____ 1/4 _____
Tax Lot 702 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
105 ft. below land surface. Date 2/6/91
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>130</u>	<u>143</u>	<u>40 GPM</u>	<u>105</u>

(12) WELL LOG: Ground elevation 130

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	20	
SANDY BROWN CLAY	20	32	
BLUE CLAY	32	70	
BROWN CLAY	70	75	
CLAY AND GRAVEL	75	100	
CEMENTED GRAVEL	100	130	
LOOSE GRAVEL	130	143	105
BROWN CLAY	143	150	105
BLUE CLAY	150	155	

Date started 1/24/91 Completed 2/6/91

(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.
Signed OKell WWC Number 462 Date 2/6/91