

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 226751
START CARD # 130217

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

(1) LAND OWNER RICHARD OATHES Well Number _____
Name _____
Address PO Box 968
City Canby State OR Zip 97013

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

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
		<u>NO</u>	<u>CHANGE</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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4</u>	<u>4</u>	<u>95</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) N/A

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>83</u>	<u>93</u>	<u>10</u>		<u>4</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>14</u>	<u>14</u>		<u>1 hr.</u>

Temperature of water 52 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 Longitude _____
Township 4S N or S Range 1E E or W. WM.
Section 7 NE 1/4 SW 1/4
Tax Lot 3501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
71 ft. below land surface. Date 13 Feb
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found N/A

From	To	Estimated Flow Rate	SWL
<u>N/A</u>			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>The well had collapsed back to 70'</u>			
<u>Cleaned out well to 95 ft and placed 4" PVC liner to bottom with 10 ft screen & 2 ft tail pipe.</u>			

Date started 13 Feb Completed 14 Feb 2003

(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed R Bech WWC Number 743 Date 3 MAR 03