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CLAC 59874

## STATE OF OREGON

## WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT

Instructions for completing this report are on the back of this form

SALEM, OREGON

WELL I.D. # L 61338

START CARD # 115746

## (1) LAND OWNER

Name Debra Weldon Well Number \_\_\_\_\_  
 Address 2260 NOIAN LN  
 City West Linn State OR Zip 97168

## (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 143 ft.  
 Explosives used ☐ Yes ☐ No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL     |      |    |                 |  |
|----------|------|-----|----------|------|----|-----------------|--|
| Diameter | From | To  | Material | From | To | Sacks or pounds |  |
| 10       | 0    | 60  | Ben      | 0    | 50 | 23              |  |
| 6        | 60   | 143 |          |      |    |                 |  |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Ben  
 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    | 58  | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Liner:  | 4        | 50   | 143 | 160   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) 58

## (7) PERFORATIONS/SCREENS:

|                                                  |     | Method    |            | Material |                |
|--------------------------------------------------|-----|-----------|------------|----------|----------------|
| <input checked="" type="checkbox"/> Perforations |     |           | <u>SAW</u> |          |                |
| <input type="checkbox"/> Screens                 |     | Type      |            |          |                |
| From                                             | To  | Slot size | Number     | Diameter | Tele/pipe size |
| 63                                               | 143 | 7/16      | 60         | 4        |                |
|                                                  |     |           |            |          |                |
|                                                  |     |           |            |          |                |
|                                                  |     |           |            |          |                |

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

|                               |                                 | Flowing                                 |                                   |
|-------------------------------|---------------------------------|-----------------------------------------|-----------------------------------|
| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input checked="" type="checkbox"/> Air | <input type="checkbox"/> Artesian |
| Yield gal/min                 | Drawdown                        | Drill stem at                           | Time                              |
| 50                            |                                 | 140                                     | 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 \_\_\_\_\_

Depth of strata: 6'

## (9) LOCATION OF WELL by legal description

County Clatsop Latitude 45° 27' 26" N Longitude 122° 51' 51" W  
 Township 3 N or S Range 2 E or W. WM.  
 Section 26 SW 1/4 SW 1/4  
 Tax Lot 4300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address) Lat 45° 27' 26" North Long 122° 51' 51" W

(10) STATIC WATER LEVEL: Beaver Creek Rd  
32 ft. below land surface. Date 3-13-04

Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

## (11) WATER BEARING ZONES:

Depth at which water was first found 108

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 108  | 143 | 60                  | 32  |
| 32   | 38  |                     | 16  |

MAR 25 2004

## (12) WELL LOG:

Ground Elevation \_\_\_\_\_ WATER RESOURCES DEPT  
 SALEM, OREGON

| Material               | From | To  | SWL |
|------------------------|------|-----|-----|
| Top soil               | 0    | 2   |     |
| Clay Red               | 2    | 18  |     |
| Clay Brown             | 18   | 32  | 32  |
| Consolidated purple    | 32   | 44  |     |
| Basalt grey m          | 44   | 84  |     |
| Consolidated Brown S   | 84   | 108 |     |
| Consolidated Red Brown | 108  | 143 |     |

Date started 3-12-04 Completed 3-13-04

## (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 1229  
 Signed [Signature] Date 3-14-03