

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

WELL I.D. # L 81936START CARD # 179697

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

(1) LAND OWNER Ron Hughes Well Number _____
Name Ron Hughes
Address PO Box 255
City Eagle Creek State OR Zip 97022

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 260 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	5	40	Best mix	0	50	35 sacks
8"	40	230	CEMENT	50	230	3200 pounds
6"	230	260				5 lb. bentonite

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

☒ Other filled

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"	2	230	250	☒	☐	☒	☐
Liner: 4"	160	240	160	☐	☒	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
☐ Perforations Method _____
☒ Screens Type PVC Material PVC

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
240	260	10/64"	4"	20' screen		☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10"	Total	245	1 hour

Temperature of water 57 Depth Artesian Flow Point _____

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 (legal description)

County Clatsop
Tax Lot 2520 Lot _____
Township 2 N or S Range 4 E or W WM
Section 4 SE 1/4 NE 1/4

Lat _____° _____' _____" or _____ (degrees or decimal)
Long _____° _____' _____" or _____ (degrees or decimal)

Street Address of Well (or nearest address) 24445 SE Foothill Rd
Eagle Creek OR 97022

(10) STATIC WATER LEVEL

205 ft. below land surface. Date 1-15-06

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 243

From	To	Estimated Flow Rate	SWL
243	250	10*	205

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Clay Tan	2	25	
Boulders	25	31	
Clay Blue	31	60	
Clay Gray	60	241	
Black & Red Sand & Pumice	241	243	205
Clay Gray	243	250	
Clay Pink	250	260	

Date Started 1-16-06 Completed 1-15-06

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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 1572 Date 2-28-06

Signed Thorne Youngberg

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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 257 Date 5-1-06

Signed Thorne Youngberg