

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

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

(1) LAND OWNER

Name Don Nielsen Well Number _____
Address 6811 NE Berwick
City Portland State OR Zip 97211

(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 222 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
6"	0	27	Latite	0	27	19 sacks
6"	27	222				

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

☒ Other Four Bent

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"	0	27	25	☒	☐	☐	☐
Liner:	4"	22	202	16	☐	☒	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

		Method		Type		Material	
☐ Perforations							
☒ Screens							
From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
202	222	1056T		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
40+	10 to 12	220	1 hour

Temperature of water 57 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 (legal description)

County Clatsop
Tax Lot 1305 Lot _____
Township 3 N or S Range 4 E or W
Section 16 SE 1/4 SW 1/4

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

Street Address of Well (or nearest address) 29707 SE SUNNYSIDE AVE
Estacada, OR 97023

(10) STATIC WATER LEVEL

40 ft. below land surface. Date 2-18-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
180	222	40+	40

(12) WELL LOG

Material	From	To	SWL
TOP SOIL	0	1	
CLAY BROWN	1	12	
LOW ROCK Reddish-brown	12	150	
LOW ROCK Red	150	162	
LOW ROCK Reddish-brown	162	222	40

RECEIVED

DEC 18 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 2-16-06 Completed 2-18-06

(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 1512 Date 2-28-06

Signed Thomas 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 3-1-06

Signed W.D. Youngberg