

CLAC 67117

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 76459
START CARD # W172962

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

(1) LAND OWNER Well Number _____
Name THOMAS M. TACCANT
Address PO BOX 519
City CATON State OREGON Zip 97017

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10	0	90	CONCRETE	10	90	2500 lbs	
			Gravel	0	10	12 Sacks	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other Bentonite poured
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	41	98	250	☒	☐	☒	☐
Liner: 4 1/2	90	330	200	☐	☒	☒	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 98

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	330	1/16	240	4 1/2		☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
7	TOTAL		3 hr.

Flowing ☐ Artesian ☐
☐ Pump ☒ Bailer ☐ Air

Temperature of water 54 Depth Artesian 98
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 46° 15' 15" N Longitude 124° 22' 50" W
Township 35 N or S Range 3 E E or W. WM.
Section 10 NW 1/4 NW 1/4
Tax Lot 0102 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 21892 S. FIREWOOD RD. CATON, OR. 97017

(10) STATIC WATER LEVEL:
72 ft. below land surface. Date 8-1-10
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 120

From	To	Estimated Flow Rate	SWL
120	125	1 gpm	72

(12) WELL LOG:
Ground Elevation 550'

Material	From	To	SWL
CLAY RED	0	9	
CLAY BROWN w/ sand	9	19	
Central Gravel	19	24	
CLAY GRAY w/ sand	24	28	
Gravel			
LAKE GRAY HARD	28	29	
CLAY GR w/ sand & gravel	29	215	72
LT BR. CLAY w/ LAKE GR	215	271	
LT GRAY w/ sand	271	330	

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WATER RESOURCES DEPT
SALEM, OREGON

Date started 7/12/10 Completed 8/6/10
(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.

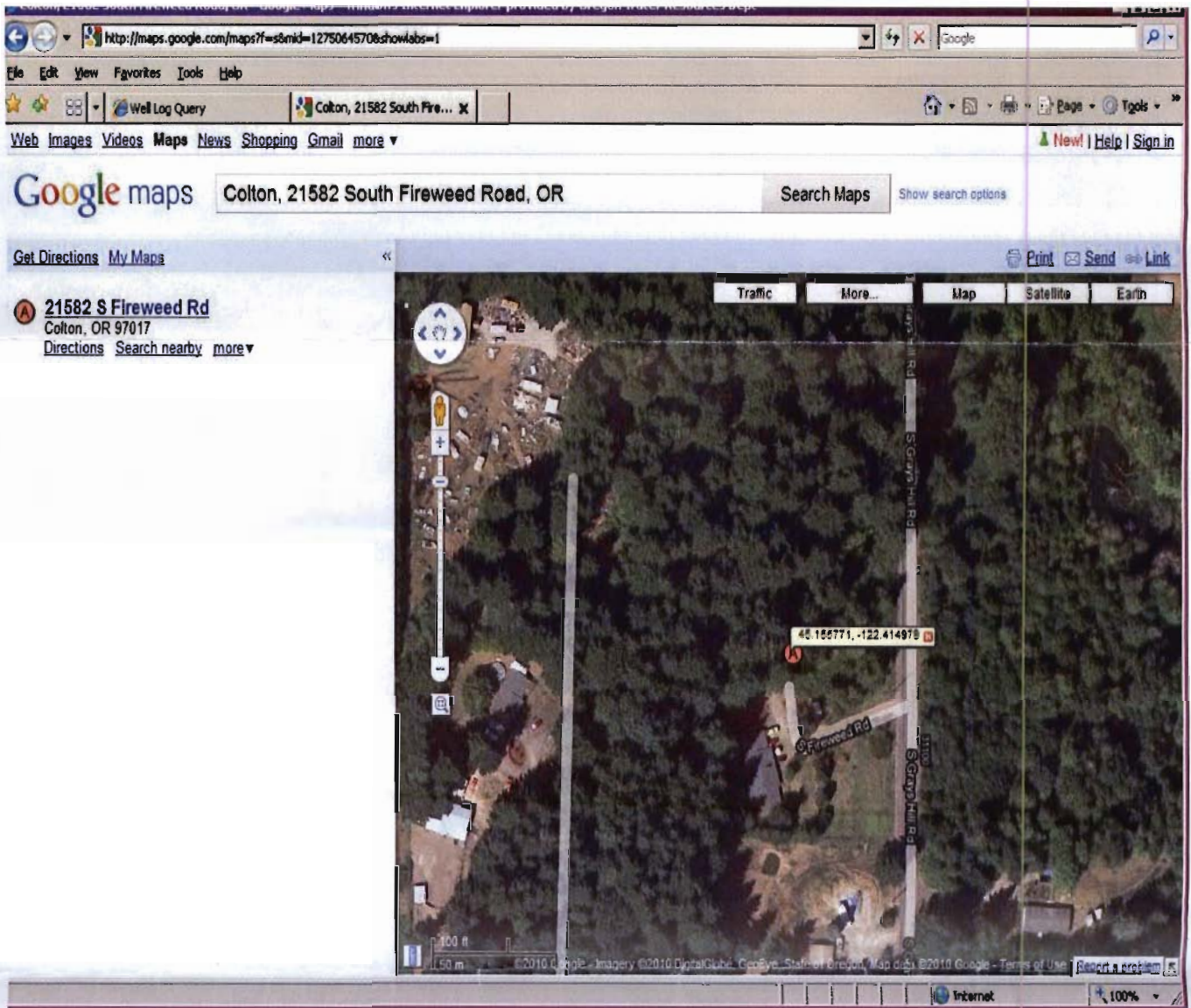
WWC Number _____
Signed _____ Date _____

(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 1328
Signed Michael W. Smith Date 8/31/10

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Top Left Well

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