

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

083
 CLAC

35/4E/7ba
 16703

(START CARD) #

(1) OWNER: Well Number: _____
 Name Brian Gibler
 Address 26650 SE Eagle Crk Rd
 City ESTACADA State OR Zip 97023

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 100 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount (bags or pounds)
Diameter	From	To	Material	From	To	
10"	0	20	Cement	0	20	96
6"	20	100				

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: 6"	0	63	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 63

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
28	60	4x3	38	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
50	30		1 hr.

Temperature of water _____ 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 Latitude _____ Longitude _____
 Township 35 N or S, Range 4 E E or W, WM.
 Section 7 NE 1/4 NW 1/4
 Tax Lot 308 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 28310 Folsom Rd
EAGLE CRK, OR.

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 5/20/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
28	60	50 Gpm	12

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Boulders	2	21	
Gravel	21	61	12
Brown Clay	61	100	

Date started 5/1/90 Completed 5/23/90

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed John McElroy WWC Number 1380
 Date 6/20/90

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed John Donnelly WWC Number 547
 Date 6-28-90