

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

*Clas 396*

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DEC 30 1993

*5N/7W/28E*  
NW SE

(START CARD) # 61188

(1) OWNER:

Name GORDON SMITH Well Number \_\_\_\_\_  
Address ELSIE RT., BOX 715  
City SEASIDE State OR Zip 97138

WATER RESOURCES DEPT.

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County CLATSOP Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5N N or S. Range 7W E or W. WM. \_\_\_\_\_  
Section 28 NE 1/4 NE 1/4  
Tax Lot 2800 Lot # 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) N/A EVERGREEN ACRES

(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 51 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	36	Cement	0	36	96 sks.
6	36	51				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6"	+2	51	.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) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method DRIVEDOWN  
 Screens Type \_\_\_\_\_ Material STEEL .250

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
39	49	1/8x2	200			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing  
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40		37	1 hr.

Temperature of Water 56° F Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom AMJ  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(10) STATIC WATER LEVEL:

7.5 ft. below land surface. Date 12/20/93  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
40	47	40 gpm	7.5

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Brown clay	1	5	
Gravel, cobbles, boulders	5	22	
Brown sandy clay w/gravel	22	29	
Brown clay	29	31	
Gray clay	31	33	
Gray claystone w/partially decomp gravel strks.	33	47	
Gray claystone	47	51	7.5

Date started 12/02/93 Completed 12/20/93

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1266  
Signed [Signature] Date 12/28/93



Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem Oregon 97301  
 (503) 986-0900  
 www.oregon.gov/owrd

# Application for Well ID Number

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FEB 1 2024

OWRD

*Do not complete if the well already has a Well Identification Number.*

**I. OWNER INFORMATION**

Current Owner Name (please print): Samuel & Jennifer Lynch  
 Mailing Address: 82395 Maple Rd  
 City, State, Zip: Seaside, OR 97138  
 Mail Well ID to:  SAME AS ABOVE  In Care Of (C/O) - No packet necessary -  
 Name & Address: well ID # L 95016 installed during inspection  
 City, State, Zip: \_\_\_\_\_

**II. WELL LOCATION INFORMATION** (Please fill out as completely as possible) (QQ incorrect on log)  
 Township: 5 N (North / South) Range: 7 W (East / West) Section: 28 NW 1/4 of the SE 1/4  
 Tax Lot (usually last 3-5 numbers of Tax Map #): 2800 County Clatsop  
 GPS Coordinates: 45.884177, -123.551541  
 Street Address of Well, City: Maple Rd Seaside, OR 97138  
 If the property had a different street address in the past: \_\_\_\_\_

**III. GENERAL WELL INFORMATION** (Please fill out as completely as possible, AND attach copy of Well Report, if available)  
 Use of Well (domestic, irrigation, commercial, industrial, monitoring): Community  
 Date Well Constructed (or property built): 12-20-93 Total Well Depth: 51' Casing Diameter: 6"  
 Owner at time the well was constructed (if known): Gordon Smith Well Report # (if known): CLAT 396  
 Other Information: \_\_\_\_\_

SUBMITTED BY (please print): NWR Well Inspector Ryan Pillsbury on behalf of landowner  
 PHONE: 503-440-6219 EMAIL &/or FAX: jenniferjoylynch@yahoo.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.  
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

*For Official Use Only by the Oregon Water Resources Department:*

Received Date:  
2-1-2024

Well Report Number:  
CLAT 396

Well Identification #:  
L 95016