CLAT 54325

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L	81125
START CARD#	210674

(1) LAND OWNER Owner Well I.D. #1	(A) LOCATION OF WILL (Land Land A)
First Name Last Name	(9) LOCATION OF WELL (legal description)
Company KNAPPA WATER ASSOCIATION	County CLATSOP Twp 8 N N/S Range 7 W E/W WM Sec 24 NW 1/4 of the NE 1/4 Tax Lot 100 100
Address 92755 ALLEN RD.	Tax Map Number Lot
City ASTORIA State OR Zip 97103	Lat ° ' " or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long or DMS or DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address
Avaidonnient	BIG NOISE CREEK RD,
(3) DRILL METHOD	
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Reverse Rotary Other	
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening 06-23-2014 206 Completed Well
Industrial/ Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	SWL Date From To Est Flow SWL(psi) + SWL(ft)
Depth of Completed Well 380 ft.	
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	
	(11) WELL LOG Ground Elevation
	Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other	BOTTOM OF EXISTING 8" WELL PLUGGED
Backfill placed from ft. to ft. Material Size	WITH CEMENT GROUT (3 SKS.) 390 380
Explosives used: Yes Type Amount	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	RECEIVED BY OWRD
	TO BY OWND
	JUN 2 4 2014
	SALEM, OF
Shoe Inside Outside Other Location of shoe(s)	J. I-LIW, OF
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/S Casing/Screen Scm/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 06-23-2014 Completed 06-23-2014
Tom to wide length see pipe size	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer Air Flowing Artesian	Password : (if filing electronically)
Yield gal/min Drawdown Drill stem/Pamp depth Duration (hr)	Signed
July Steller	(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
Temperature °F Lab analysis Yes By Water quality concerns? Yes (describe below)	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.
Water quality concerns? Yes (describe below) From To Description Amount Units	License Number 1266 Date 06-23-2014
	Password : (if filing electrofically) Signed Contact Info (optional)
	Contact Info (optional)