

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

WELL I.D. # L 70607  
 START CARD # 165706

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

(1) **LAND OWNER** Well Number \_\_\_\_\_  
 Name TOM LEE  
 Address 54658 NEHALEM HWY SOUTH  
 City VERNONIA State OR Zip 97064

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

HOLE			SEAL			Spools or pounds
Diameter	From	To	Material	From	To	
10	0	39	BENTONITE	0	39	1125 LBS
6	39	82				

How was seal placed: Method  A  B  C  D  E  
 Other 3/8 BENTONITE POURED DRY & HYDRATED  
 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"	11-7	37-8	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	2	82	28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method CIRCULAR SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
72	82	1/8x5	64			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
20 Gpm		82	1 hr.
16 Gpm			1.5 HR

Temperature of water 52 1/2 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 SURFACE  
 Depth of strata: 14-32

(9) **LOCATION OF WELL by legal description:**  
 County COL Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 4-N  or S Range 4-W E or  W/M.  
 Section 31 SE 1/4 NE 1/4  
 Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME

(10) **STATIC WATER LEVEL:**  
5 1/2 ft. below land surface. Date 19-July-04  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found 14

From	To	Estimated Flow Rate	SWL
14	32	TRACE	14
52	68	20 GPM	5 1/2

(12) **WELL LOG:**  
 Ground Elevation APPROX 730

Material	From	To	SWL
SANDSTONE YELLOW BROWN	0	6	
CLAYSTONE BLUE GREY	6	14	
" WITH BLUE CLAY &	14		
MED. SAND & GRAVEL		32	
CLAYSTONE BLUE GREY	32	52	
" HIGHLY FRACTURED	52		
LIGHT BLUE, GREEN BLUE		68	5 1/2
" DARK GREY	68	82	

**RECEIVED**

AUG 09 2004

WATER RESOURCES DEPT  
 SALEM, OREGON

Date started 16 JULY 04 Completed 17 JULY 04

(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.  
 Signed JON COW WWC Number 1538  
 Date 19 JULY 04

(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.  
 Signed [Signature] WWC Number 602  
 Date 23 JULY 04