

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

CROD
 359

RECEIVED

MAR 19 1992

(START CARD) #

17s/14e/176a
 W 40042

(1) OWNER:

Name J. Schenbacher
 Address Rt 1, Box 46
 City Terrebonne State OR Zip 97150

Well Number

WATER RESOURCES DEPARTMENT
DESCRIPTION OF WELL by legal description:

County Clatsop Latitude _____ Longitude _____
 Township 17 S N or S. Range 14 E E or W. WM. _____
 Section 17 NE NW _____
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) across from Rt. 1, Box 43A Terrebonne

(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 150 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	25	Bentonite	0	25	21 SACKS
8"	25	150				

How was seal placed: Method A B C D E

Other Doused down dry

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	8"	1	30	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 _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input 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
350	0	149	1 hr.

Temperature of Water 53° 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: _____

(10) STATIC WATER LEVEL:

88 ft. below land surface. Date 1/3/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 88'

From	To	Estimated Flow Rate	SWL
88	94	50 GPM	88
111	150	600 GPM	88

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Overburden	0	10	
Brown clay	10	28	
Black LAVA	28	88	
BROKEN LAVA WB	88	94	88
Black LAVA	94	110	
TAN CLAY	110	111	
BROKEN BLACK LAVA WB	111	150	88

Date started 1/2/92 Completed 1/3/92

(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 Stephen Ladd Hepler 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 677
 Signed Wayne T. Bushner Date 1-3-92