

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

C200
577

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(START CARD) #

(1) OWNER:

Name Maria TISThammer
 Address 112 Hiland Ave.
 City Vezerville State Cal. Zip 95698

Well Number 640

WATER RESOURCES DEPT.
 OREGON
 SALEM

(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 TEST well

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 600' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	170	Beniteite	0	25	100
8	170	600				

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	Material			
					Steel	Plastic	Welded	Threaded
	8	115	170	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
250	4915mm	600	1 hr.

Temperature of Water 56 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: _____

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

(9) LOCATION OF WELL by legal description:

County Clatsop Latitude _____ Longitude _____
 Township 14S N or S Range 1E E or W. WM. E
 Section 34 1/4 1/4
 Tax Lot 1800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Twin Lakes Rd.

(10) STATIC WATER LEVEL:

280 ft. below land surface. Date 6-5-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 280

From	To	Estimated Flow Rate	SWL
280	283	10	280
352	421	200	280
502	523	40	280

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Sandy Top Soil	0	1	
Dark Brown Sandstone	1	229	
Gray Basalt	229	283	280
Brown Sandstone	283	352	
Gray Basalt	352	421	
Brown Sandstone	421	502	
Gray Basalt	502	523	
Brown Sandstone	523	590	
Soft Brown Clay	590	600	

Date started 11-28-92 Completed 6-5-93

(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 584
 Signed Dan Maphis Date 6-17-93