

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

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(1) OWNER:

Name Tom Strand
 Address 24.1 Box 53
 City Terrebonne State Ore. Zip 97760

Well Number: WATER RESOURCES DEPT. SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County CLATSOP Latitude _____ Longitude _____
 Township 14 S. Nor S, Range 14 S. E or W, WM.
 Section 8 S. E. $\frac{1}{4}$ N. E. $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Box 54

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0 20	Bentonite	0 20'	34 sacks
14"	20 240			

How was seal placed: Method A B C D E
 Other Poured down Dry

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	
				Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Plastic	Welded	Threaded
12"	0	160	1.250	<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"/>
12"	160'	240'	3.75	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
122'	142'	1/8x5	720	1540		<input checked="" type="checkbox"/>	<input type="checkbox"/>
215'	225'		360			<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
50	0'		1 hr.

Temperature of water 54 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:

98' ft. below land surface. Date 5/20/88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 122'

From	To	Estimated Flow Rate	SWL
122'	141'	200GPM.	98'
215'	225'	200GPM.	98'

(12) WELL LOG:

Material	From	To	SWL
Overburden	0	3'	
sandstone	3'	44'	
Brown Claystone	44'	88'	
Red Clay	88'	97'	
Brown Clay + Gravel	97'	122'	
Light Brown Clay + Gravel	122'	136'	98'
Med. Gravel + Yellow Clay W.B.	136'	141'	98'
Brown Clay + Gravel	141'	165'	
Brown Sandstone	165'	215'	
Med. Gravel W.B.	215'	225'	98'
Yellow Clay	225'	240'	

Date started 3-10-88 Completed 5-20-88

(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.

Signed Quail Beckner WWC Number 677
 Date 5-20-88

(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.

Signed Quail Beckner WWC Number 608
 Date 5-20-88