

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

Rese  
100

155/10e/46a

(START CARD) # 20478

(1) **OWNER:** Well Number: \_\_\_\_\_  
 Name Scott Stigman  
 Address 18225 NE Calkins Ln  
 City Newberg State OR Zip 97132

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12	0 20'	Cement	0 20'	12 Sacks
8	20' 92'			

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:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	1 1/2	20'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6	-3	92		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
73	93	1/8 x 3	254	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
21	0	90	1 hr.

Temperature of water 51 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  No  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

(9) **LOCATION OF WELL by legal description:**  
 County Desch Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 15 S N or S, Range 10 E E or W, WM.  
 Section 04 NE 1/4 NW 1/4  
 Tax Lot 00104 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 15780 Trapper Point Rd Sisters or 97759

(10) **STATIC WATER LEVEL:**  
48 ft. below land surface. Date 7-3-90  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**

Depth at which water was first found 48

From	To	Estimated Flow Rate	SWL
48	92		48

(12) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Sand & gravel	0	3	
Brown Sand Stone med Gravel	3	11	
Brown Clay Stone	11	48	
Dark Brown Sand & Gravel (w.B)	48	68	48
light Brown sand & Gravel	68	92	

Date started 7-3-90 Completed 7-3-90

(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 (Jack Abbas Helper) WWC Number \_\_\_\_\_  
 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.  
 Signed William V. Allen WWC Number 1255  
 Date 7-3-90