

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 57426
START CARD # 149463

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

(1) LANDOWNER Name Joe Buerneman Well Number _____
Address 55055 00 Laurel Rd.
City Burns State Ore Zip 97720

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	20	Cement	0	20	40
14"	20	367				

How was seal placed: Method A B C D E
 Other Poured
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: 14"	7	119		<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"/>

Drive Shoe used Inside Outside None
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

Yield gal/min	Drawdown	Drill stem at	Time
400	30'	120	6

Temperature of water 57° Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 182'

(9) LOCATION OF WELL by legal description:
County Clatsop Latitude _____ Longitude _____
Township 26 N or S Range 30 E or W. WM.
Section 16 NE 1/4 NE 1/4
Tax Lot 5000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8 miles west of Hwy 205 on 00 Rd.

(10) STATIC WATER LEVEL:
37 ft. below land surface. Date 4-15-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 44'

From	To	Estimated Flow Rate	SWL
185	367	400'	37

(12) WELL LOG: Ground Elevation 4100

Material	From	To	SWL
Top Soil	0	3	
Brown Clay	3	20	
Sandy Clay	20	44	37
Sand	44	45	37
Cray Clay	46	185	
Cement gravel	185	367	

RECEIVED

MAY 15 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-17-03 Completed 4-15-03

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1752
Signed Kenneth E Smith Date 5-12-03