

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

WELL I.D. # 157434
START CARD # 149470

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

(1) OWNER: Well Number _____
Name Robert Corgill
Address 71709 Turnout RD
City Burns State OR 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 145 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
18"	0 20	Bentonite	0 20"		26
12"	20 145				

How was seal placed: Method A B C D E
 Other pooured
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: 12"	0	105	260	<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"/>

(7) PERFORATIONS/SCREENS:

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"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
650	20'	100'	52 hrs

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? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 20'

(9) LOCATION OF WELL by legal description:
County Clatsop Latitude _____ Longitude _____
Township 25 N or S Range 33 E or W. WM.
Section 36 NE 1/4 NE 1/4
Tax Lot 9700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3 miles South of Crane on hwy 78

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 4-10-04
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
44'	45'	20 GPM	44'
100'	120'	650 GPM	44'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Sandy Clay	3	44'	44'
Sand	44	46'	44'
Cray Clay	46	100'	
Sand & gravel	100	120'	44'
Sandy Clay	120	145'	

RECEIVED

AUG 12 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 4-10-04 Completed 7-13-04

(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 1252
Signed Kenneth E Smith Date 8-7-04