

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

RECEIVED
 APR 28 1993
 WATER RESOURCES DEPT
 SALEM, OREGON

RECEIVED
 MAY 18 1993
 WATER RESOURCES DEPT
 SALEM, OREGON
 40s/13e/5dc
 29188

(1) **OWNER:**
 Name CARL GIBSON
 Address 10440 WEST LANGELL VALLEY ROAD
 City BONITA State ORE Zip 97623

(9) **LOCATION OF WELL by legal description:**
 County CLATSOP Latitude _____ Longitude _____
 Township 40S N or S. Range 13E E or W. WM.
 Section S SW 1/4 SE 1/4
 Tax Lot R-4013 Lot 00500 Block 00600 Subdivision 000
 Street Address of Well (or nearest address) 10440 WEST LANGELL VALLEY RD BONITA OREGON

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
17/8	0 59	Cement	0 59	25 Ss	
12 1/4	59 200				
8 3/4	200 539				
8 3/4	539 543				

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	12 1/4	+1	59	250	<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"/>

Final location of shoe(s) 59 FEET

(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
500	160		3 hr.

Temperature of water 74 F Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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:**
40 ft. below land surface. Date 4/8/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found UNKNOWN

From	To	Estimated Flow Rate	SWL
		INDETERMINATE	

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
BROWN CLAY	0	11	
BROWN CLAY & Boulders	11	13	
YELLOW SANDS	13	23	
DECOMPOSED BROWN LOAM	23	24	
BLACK SANDSTONE	24	50	
GRAY SHALE	50	178	
BLACK BASALT	178	214	
BROWN LOAM	214	223	
HARD BLACK BASALT	223	240	
BLACK BASALT	240	329	
BLACK SANDSTONE	329	328	
GRAY SHALE	328	417	
HARD GRAY SHALE	417	422	
GRAY SHALE WITH BLACK SANDSTONE	422	514	
BLACK LOAM	514	543	

Date started 3/30/93 Completed 4/8/93
 (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.
 Signed _____ 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 [Signature] WWC Number 601
 Date 4/24/93