

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 119718

START CARD # 1030266

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

(1) LAND OWNER Owner Well I.D. 1  
 First Name PAM Last Name STOKILL  
 Company Orkes Mobile Home Park  
 Address 34956 Seaway Loop Road  
 City Seaside State OR Zip 97138

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/Commercial  Livestock  Dewatering  Injection  
 Thermal  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard:  Yes (attach copy)  
 Depth of Completed Well 140 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
16"	0	19'	BEUTONITE	0	19'	15	sacks
6"	19	140					
Calculated = 8							

How was seal placed: Method  A  B  C  D  E  
 Other Placed Dry  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	1	19	250	X			
	X	4"	-	4	140	CI160		X	X	

Shoe  Inside  Outside  Other Location of shoe(s) N/A  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
 Perforations Method SKILL SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X		X			40'	138	.125	6"	150	4"

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
35 GPM		139 FT	1 HR

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units
		TDS	485	PPM

(9) LOCATION OF WELL (legal description)  
 County LANE Twp 18 N or S Range 3 E or W W.M.  
 Sec 14 SE 1/4 of the SE 1/4 Tax Lot 1702  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 34956 Seaway Loop Road

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	4-19-16		-	15

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 62'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
4-19	62'	63'	4 GPM		-	15
4-19	78	79	6 GPM		-	15
4-19	125	140	25 GPM		-	15

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
TOPSOIL	0	1
CLAY - DARK BROWN	1	4
CLAY W/ Broken Clay Stone	4	10
CS - Red Brown	10	13
CS - Gray	13	26
CS - Blue Gray Black	26	140

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MAY 06 2016

SALEM, OR

Date Started 4-18-16 Completed 4-20-16

(unbonded) Water Well Constructor Certification  
 I certify that the work I performed on the construction, deepening, 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.  
 License Number \_\_\_\_\_ Date \_\_\_\_\_  
 Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification  
 I accept responsibility for the construction, deepening, 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.  
 License Number 1723 Date 4-20-16  
 Signed Bill @ 541-729-2059  
 Contact Info. (optional) \_\_\_\_\_