

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

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OCT 21 1994

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WATER RESOURCES DEPT.

(START CARD) #

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

SALEM, OREGON

(1) OWNER:

Name Gene Wenda (Evergreen Rv. Park)
Address P.O. Box 85
City Lincoln City State Or. Zip 971367

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
1 1/2"	0	22	Cement	0	21	9
6"	22	200				

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: 6"	1	22	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	3	200	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Electric Drill
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
160	200		150	5/8	Circar Ken	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
15	Air Lift	200	1 hr

Pump Bailer Air Artesian

Temperature of water 53° Depth Artesian Flow Found _____
Was a water analysis done? 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 Lincoln Latitude _____ Longitude _____
Township 6S N or S Range 10W E or W. WM. _____
Section 26 SW 1/4 SE 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6029 Salmon River Hwy

(10) STATIC WATER LEVEL:

18 ft. below land surface. Date 10/14/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 51

From	To	Estimated Flow Rate	SWL
51	52	2 1/2	
94	95	2 1/2	
181	184	10	

(12) WELL LOG:

Ground Elevation Approx. 100'

Material	From	To	SWL
Topsoil	0	1	
Brown Clay w/ small cobbles	1	11	
Coarse Grained Grny Green Basalt w/ Quartz, Fractured layers (possible casing) (Marine)	11	200	

Date started Oct, 12 94 Completed Oct, 14 94

(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.

Signed Not Appl. 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Randall J. Wilcox WWC Number 795 Date Oct. 17 94