

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

LINE
2088

135/110/29

(START CARD) # 87088

1/2 Instructions for completing this report are on the last page of this form

(1) OWNER: Well Number _____
Name Jon C White
Address 3703 Aisen Hwy
City WALDPORT State OREGON Zip 97349

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	30	Cement	0	30	
6	30	55				

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	142	30	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	55	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type 1/4" Round Holes Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
15	55	1/4" Round	250			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
3		53	1 hr.

Temperature of water 67° 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 13 N or S Range 11 E or W WM.
Section 29 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 8-8-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 34

From	To	Estimated Flow Rate	SWL
34	35	3	12

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown Sandy Clay	1	4	
Brown Clay Stone	4	12	
Brown Sandstone	12	21	
Blue Sandstone	21	36	
Grey Sandstone	36	55	

RECEIVED
AUG 28 1995
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-8-95 Completed 8-8-95

(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 799
Signed Gary K... Date 8-8-95