

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

**LINE 231**

**8S/10W/20**

(START CARD) # **22283**

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name **CALKINS ACRES IMPORVEMENT INC.**  
 Address **PO BOX 2313**  
 City **lincoln CITY** State **OR** Zip **97367**

**(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 **193** ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL		Amount sacks or pounds
Diameter	From	To	Material	From To	
10	0	40	CEMENT	0 40	15
6	40	197			

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	42	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	0	197	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) **NA**

**(7) PERFORATIONS/SCREENS:**

Perforations Method **DRILL**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
137	197		180	1/2		<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
			1 hr.
2	137		4 hrs

Temperature of water **54** 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 **8S** N or S. Range **10W** E or W. WM.  
 Section **20** 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **CALKINS ACRES 6048 RIVER LOOP**

**(10) STATIC WATER LEVEL:**  
**23** ft. below land surface. Date **6-19-91**  
 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	53	2	
164	165	2	23

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
BROKEN BLUE BASALT	0	17	
BROWN SILTY CLAYSTONE	17	35	
GREY SANDSTONE HARD	43	51	
GREY SILTSTONE/WATER	51	53	
GREY SANDSTONE	53	77	
GREY CLAYSTONE	77	85	
GREY SANDSTONE	85	89	
SANDY GREY CLAYSTONE	89	101	
GREY SANDSTONE	101	109	
GREY CLAYSTONE	109	151	
GREY SANDSTONE	151	164	
GREY CLAYSTONE	164	197	

JUN 28 1991  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started **6-13-91** Completed **6-19-91**

**(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.  
 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 well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number **1238**  
 Signed **Carol Wilcox** Date **6-26-91**