

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

2 LINN
2240

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JUN 30 1994

125/1w/30db
60517

(START CARD) #

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

(1) OWNER:

Name Fairview Apartments Well Number 2091
Address Santiam Hwy
City Clatskanie State OR Zip 97135

(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 Apartment's

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0		Cement			40 sacks

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	8"	4.5	70	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	65	1/4x1/4	4200	12"		<input type="checkbox"/>	<input type="checkbox"/>
Resealed with Cement							

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60 GPM	140'		1 hr.

Temperature of water 52 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom Analytical Lab
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 Linn Latitude _____ Longitude _____
Township 12 N or S Range 1 E or W. WM.
Section 30 NW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

16 ft. below land surface. Date 6/6/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Did not Deepen			
Installed 8" casing and resealed well to 70' by perforating 12" casing to 65' and grouting between 8" casing and 12" casing. 8" casing had 2-8" x 12" shale traps on end with 1/2 Bentonite pellets in between them			

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WATER RESOURCES DEPT.

SALEM, OREGON

Date started 6-20-94 Completed 6-20-94

(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.

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 514

Signed Bad Stone

Date 6/29/94