

JUL 11 2001

AUG 30 2004

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

WATER RESOURCES DEPT. SALEM, OREGON
 WELL I.D. # L 49851 #9851
 PART CARD # _____

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

(1) OWNER: Well Number _____
 Name Bob Kenney
 Address 80542 Patterson Ferry Rd
 City Tillamook State OR Zip 97144

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

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
		<u>UNKNOWN -</u>		
		<u>NO WATER MOVEMENT</u>		
		<u>at Bottom of Casing -</u>		

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:	<u>8</u>	<u>+1</u>	<u>104 1/2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 104 1/2

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele./pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
<u>35</u>	<u>10</u>		<u>1 hr.</u>

Temperature of water 56 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 Morrow Latitude _____ Longitude _____
 Township 5 N or S Range 26 E or W. WM.
 Section 33 SE 1/4 NW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
82 ft. below land surface. Date 6-12-01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found Approx. 50 FT

From	To	Estimated Flow Rate	SWL
<u>173</u>	<u>216</u>	<u>50</u>	<u>82</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Sand</u>	<u>0</u>	<u>70</u>	
<u>Sand & gravels</u>	<u>70</u>	<u>98</u>	
<u>Black Basalt</u>	<u>98</u>	<u>148</u>	
<u>vesicular Basalt</u>	<u>148</u>	<u>155</u>	
<u>Black Basalt</u>	<u>155</u>	<u>161</u>	
<u>Blue Clay</u>	<u>161</u>	<u>173</u>	
<u>vesicular Basalt</u>	<u>173</u>	<u>216</u>	
<u>Camered well -</u>			
<u>NO WATER MOVEMENT</u>			
<u>at Bottom of casing</u>			
<u>STATIC Level Below</u>			
<u>water level in sand</u>			
<u>& gravels approx 50 FT</u>			
<u>Used video to make this</u>			
<u>log.</u>			

Date started 6-12-01 Completed 6-12-01

(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 757
 Signed Sp Brown Date 6-15-01