

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

MAY 7 1991
WATER RESOURCES DEPT.
SALEM, OREGON

MULTI
214

2N/1W/19 dc
30185

(1) OWNER:

Name Cliff Hamby Well Number: _____
Address 349 NE 3rd #5
City Hillsboro State OR Zip 97124

(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 600 ft.
Explosives used ☐ Yes ☒ No ☐ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Cement	0	20	12 Bags
6"	20	600				

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:	6.0	0	600	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4.5	-5	600		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) 100 ft

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Drill hole
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
590	560	5/8	1 pft	5/8	4.5	<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
5 gpm		595	1 hr.

Temperature of water 52 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes ☐ No 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 Clatsop Latitude _____ Longitude _____
Township T2N Nor S. Range 1W E or W, WM.
Section 19 SW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1560512
McNamee Rd

(10) STATIC WATER LEVEL:

300 ft. below land surface. Date 4-8-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 580

From	To	Estimated Flow Rate	SWL
580	585	5 gpm	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top clay	0	80	
9607 clay	80	93	
9607 cement grout	93	95	
Sand stone	95	380	
Gravel	380	600	

RECEIVED

MAY 23 1991

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 25 March Completed 8 April 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.

Signed _____ 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed _____ WWC Number 600
Date 4-8-91