

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

RECEIVED

(START CARD) #

2N/1W-19db
\$3820

(1) OWNER:

Name Sam Sugara Well Number: _____
Address 16061 N.W. McNamee Blvd
City Astoria State OR Zip 97123

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	78	Cement + Bentonite	0	7	18
6	78	550				

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	79	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	10	550		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method DRILL
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
530	550		40	578		<input type="checkbox"/>	<input type="checkbox"/>
						<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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
24		530	1 hr.

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 _____ Latitude _____ Longitude _____
Township 2N Nor S. Range 1W E or W. WM.
Section 19 NW 1/4 SE 1/4
Tax Lot 2 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:

410 ft. below land surface. Date 4-15-91

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 457

From	To	Estimated Flow Rate	SWL
457	478	8	410
507	527	16	410

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
BRN CLAY	0	63	
Weathered Rock	63	74	
BRN Rock	74	150	
BRN POROUS ROCK	150	162	
BRN SPAMY GRAY ROCK	162	280	
GRAY ROCK	280	330	
BRN POROUS ROCK	330	338	
BRN SPAMY GRAY ROCK	338	417	
DARK GRAY ROCK	417	446	
BRN SPAMY GRAY ROCK	446	457	
BRN POROUS ROCK	457	478	410
GRAY ROCK	478	507	
BRN POROUS ROCK	507	527	410
GRAY ROCK	527	550	

Date started 10-15-91 Completed 10-16-91

(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 Don Feaker WWC Number 715
Date 10-16-91