

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

16

071
 POIK

Original Log is in 1
 9S/4W/11

9S/4W/10

15007

(1) OWNER:

Name Richard R. Lubbers
 Address 422 E/ Main
 City Monmouth State Oregon Zip 97361

Well Number: _____

by legal description:

County Clatsop Latitude _____ Longitude _____
 Township 09 N or S, Range 4 E or W, WM.
 Section 11 0 1/4 0 1/4
 Tax Lot 00400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9375 Hultman Rd
Independence, Oregon 97351

(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 60 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
	16' 0" 18'	Cement	0 18'	23 1/2 sacks
	18' 18" 20'			

How was seal placed: Method A B C D E

Other Grout pump

Backfill placed from 0 ft. to 0 ft. Material _____

Gravel placed from 0 ft. to 0 ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12"	+2"	58"	<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) 58"

(7) PERFORATIONS/SCREENS:

Perforations Method Cutting torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
49'	57'	3/8x6"	70			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

150 Gal.			1 hr.
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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: _____

(10) STATIC WATER LEVEL:

20' ft. below land surface. Date 9-22-90

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 31'

From	To	Estimated Flow Rate	SWI

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWI
Top Soil	0	2'	
Brown Clay	2'	12'	
Med. gravel mixed with clay	12'	57'	
Blue clay	57'	58'	

RECEIVED

NOV - 7 1990

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WATER RESOURCES DEPT.
 SALEM, OREGON OCT 18 1990

Date started Sept. 20, 1990 Completed Sept. 26, 1990

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, 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. 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 14

Signed Art Clinton Date Oct. 9, 1990

Corrected
 11-6-90 P.C.

For Official Use Only by The Oregon Water Resources Department:

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JUN 28 2004

Date:

County Well Log ID #

Polk 71

Well Identification Tag #

L-72197

72197

WATER RESOURCES DEPT

SALEM, OREGON

WELL IDENTIFICATION APPLICATION FORM

INSTRUCTIONS ARE IN THE ACCOMPANYING "DEAR LANDOWNER" LETTER. FOR SHARED WELLS PLEASE SEE THE 3RD PARAGRAPH FROM THE TOP IN THE LETTER. Your ID Tag will be mailed out in approximately 10 days from the date we receive your application.)

**BUYER OR CURRENT LANDOWNER (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here.)

Landowner's or Buyer's Name: Richard R + Beverly J Lubbers RTL 12-12-94

Mailing Address: PO Box 459

City: Monmouth State: OR Zip: 97361 Phone: (503) 838-5714

**WELL LOCATION:

County: Polk Well # 1 (if multiple wells exist on same property-ie: well #1,#2, etc.)

Township: 9 North or South (circle one) Range: 4 East or West (circle one) Section: 10 1/4 1/4 (If known)

Tax Lot #: 400 (Not the same as the tax acct. #) Type of Well: water supply? monitoring? (Ex: domestic or irrigation use) (Ex: monitoring water for contaminants)

Address of Well: 9375 Hultman Rd Independence OR 97351 (Number) (Street) (City) (Zip)

(Optional): Does this well have a formal water right associated with it? Yes: No: (If unknown you may want to contact the Water Rights Group at 503-986-0945 for research)

If Yes: Application #: G-12212 Permit #: G-11455 Certificate #:

(Optional): Latitude _____ Longitude _____ (May sometimes be obtained from Well Log Report)

**WELL INFORMATION: (Important note: If attaching a well log you obtained from our web-site please be certain that you have the correct log. Simply matching the tax lot number isn't enough. See attached instructions for assistance. If a well report is not available please complete as much of the following as possible, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowner names can be obtained from the County Assessor - see instructions.)

Start Card # from well log report if known: _____ Approx. Well Construction Date: 9-26-1990

Well Constructor if known: _____

Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed - contact your county assessor for list)

Richard R Lubbers

Well Depth (in feet): 58' Static Water Level (in feet): 20' Diameter of Exposed Well Casing (in inches): 12 inches

Please Return Completed Form to: Well ID Program, Oregon Water Resources Department 725 Summer St. NE, Suite A, Salem, OR 97301-1271, or fax to 503-986-0902 (App10-03)