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

APR - 7 1994

WATER RESOURCES DEPT.

(START CARD) #

THH
1210

(1) OWNER:

Name Cloverdale Grade School
Address 3692.5 Hwy. 101S
City Cloverdale State Oregon Zip 97112

Well Number: 3 SALEM, OR LOCATION OF WELL by legal description:

County Tillamook Latitude _____ Longitude _____
Township 4S N or S, Range 10W E or W, WM.
Section 27 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(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 School

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 130 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	36	Bentonite	0	36	41
6	36	130				

How was seal placed: Method A B C D E
 Other Placed in dry + prodded

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	1	117 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 117 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
35	53	110	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: _____

(10) STATIC WATER LEVEL:

57 ft. below land surface. Date 3-21-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 31

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
Top soil	0	1	
Brown Clay + Med. Gravel	1	31	
Gray Clay w/ sm. Med. + lg. Gravel	31	130	57

Date started 3-18-94 Completed 3-21-94

(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 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. 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.

WWC Number 1221
Signed Larry Gray Date 3-21-94