

File
1246

AUG 11 1994

1N/7W/94d
60039

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

(START CARD) #

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

(1) OWNER: Well Number 2
Name O.D.F. Tillamook District
Address 4907 East 3rd St.
City Tillamook State Oregon Zip 97141

(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 Park

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 255 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Bentonite	0	25	46
6	25	62	-	-	-	-
8	62	68	Cement	62	68	3
6	68	255	-	-	-	-

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	68 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	8	255	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 68 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method Drilled
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
195	255	-	240	1/2	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min 5 Drawdown 200 Drill stem at 240 Time 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 Tillamook Latitude _____ Longitude _____
Township 1N N or S Range 7W E or W. WM. _____
Section 9 SE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 46000 Wilson River Hwy., Tillamook, Oregon 97141

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 8-5-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 81

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	6	
Brown Clay, Med. Boulders + Log. Gravel	6	62	
Gray Claystone w/ Rock embedded	62	255	40

Date started 8-3-94 Completed 8-5-94
(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ Date _____ WWC Number _____

(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.

Signed Amy C. Guy Date 8-5-94 WWC Number 1221