

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

TILL
1300

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APR 13 1995

13/9w/24bc
(START CARD) # 76417

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number #2
Name MARILYN PETERSON
Address PO BOX 278
City ST. HELENS State OR Zip 97051

(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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 140 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bentonite	0	18	10 SKS.
6	18	140				

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6"	+2	18	250	<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) _____

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
From	To	From	To							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
6+		140	1 hr.
5		100	"

Temperature of water 52 °F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
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 1S N or S Range 9W E or W. WM. _____
Section 24 SW 1/4 NW 1/4 _____
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 12140 WILSON RIVER HWY
TILLAMOOK, OR

(10) STATIC WATER LEVEL:
38 ft. below land surface. Date 04/05/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
90	140	6 GPM	38

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown sandy clay "soil"	0	4	
Gravel/boulders	4	8	
"Blue" rock (basalt) hard	8	40	
Gray-black rock (basalt) off frac. occ. blue rock strks	40	120	38
Gray-black rock (basalt) hard	120	140	38

Date started 04/05/95 Completed 04/05/95

(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 [Signature] WWC Number 573 Date 04/07/95