

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

TILAMOOK  
14

4S/10W/23 bb

(START CARD) # 31966

**(1) OWNER:** Well Number: 2  
 Name Clarence Hitchman  
 Address 33920 Hwy. 101S  
 City Claverdale State Oregon Zip 97112

**(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 62 ft.  
 Explosives used Yes  No     Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount (sacks or pounds)
Diameter	From	To	Material	From	To	
10	0	42	Cement	0	42	51
6	42	62				

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: <u>6</u>	<u>1 1/2</u>	<u>61</u>	<u>.250</u>	<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) 61

**(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     Bailer     Air     Flowing Artesian  
 Yield gal/min    Drawdown    Drill stem at    Time  
9    41    55    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 4S Nor S, Range 10W E or W, WM.  
 Section 23 NW 1/4 NW 1/4  
 Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME

**(10) STATIC WATER LEVEL:**  
14 ft. below land surface.    Date 7-3-91  
 Artesian pressure \_\_\_\_\_ lb. per square inch.    Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 16

From	To	Estimated Flow Rate	SWL

**(12) WELL LOG:**    Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	1	
Brown Clay + Sm. Gravel	1	21	16
Gray Clay	21	51	
Gray Clay + Med. Gravel	51	60	
Gray Clay + Med. Boulders	60	62	16

Date started 7-1-91    Completed 7-3-91

**(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.  
 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 C. Evey    Date 7-3-91