

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

TRM 165

OCT 21 1991

55/11W-12

WATER RESOURCES DEPT.

(START CARD) #

(1) OWNER:

Name WI-NE-MA Christian Camp

Address 5195 WI NE MA Rd

City Cloverdale,

State OR

Zip 97122

Well Number SALEM, ORE 59

(9) LOCATION OF WELL by legal description:

County Tillamook Latitude _____ Longitude _____

Township 5S Nor.S. Range 11W E or W. WM. _____

Section 12 1/4 _____ 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 _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 216 ft.

Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10'	0' 58'	neat cement	0' 58'	20 sacks	
6'	58' 216'				

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: 6"	+1	61	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	0'	216	sdr 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoetsl none

(7) PERFORATIONS/SCREENS:

Perforations Method Skill saw

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
136	216	1/8X6"	240	4 1/2"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25	N/A	216	1 hr.

Temperature of water 55 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:

48 ft. below land surface. Date 10/4/91

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 25

From	To	Estimated Flow Rate	SWL
25	30	7gpm	25
150	186	11gpm	48
194	210	13gpm	48

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	4	
Clay soft light brown	4	25	
Basalt fractured brown wb	25	53	25
Sand stone hard brown	53	63	
Sand stone hard gray	63	66	
Basalt fractured brown	66	70	
Sandstone hard brn	70	106	
Basalt fractured brown	106	110	
Shale med blue with clay	110	113	
Shale med blue	113	135	
Basalt med gray	135	145	
Shale med blue	145	150	
Basalt hard vesicular blk	150	186	wb 48
Shale with clay light blue	186	188	
Basalt med redish brown	188	194	
Basalt hard vesicular black	194	210	wb 48
Shale med light blue	210	216	

Date started 10/3/91 Completed 10/4/91

(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.

Signed Steve Villard WWC Number 1530
 Date 10-16-91

(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.

Signed [Signature] WWC Number 123
 Date 10/16/91