

RECEIVED

Till 50077 Pg 1 of 2

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

AUG 20 1996

WELL I.D.#

L01907

(START CARD) # 90000

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

(1) OWNER: Well Number #2 Name CITY OF WHEELER Address P.O. BOX 177 City WHEELER State OR Zip 97147

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [X] Other MUNICIPAL

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 63 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Sacks or pounds. Row 1: 18, 0, 8, NEAT CEMENT, 33.5, 0, 42 SACKS. Row 2: 16, 8, 63.

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other Backfill placed from 33.5 ft. to 35 ft. Material BENT. CHIPS & Gravel placed from 35 ft. to 63 ft. Size of gravel PEA ROCK

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 12, +3, 45, .250, [X], [], [X], []. Liner: 12, 60, 63, .250, [X], [], [X], [].

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [X] Screens Method JOHNSON V-WIRE Material SS. Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 45, 60, 100, 12p/s, [X], [].

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump [] Bailer [] Air [] Flowing Artesian. Yield gal/min 1025, Drawdown 3.5, Time 24 HOUR.

Temperature of water 49° 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 2N N or S Range 4W E or W. WM. Section 5 NE 1/4 NW 1/4 Tax Lot 200 Lot Block Subdivision Street Address of Well (or nearest address) 22095 FOSS RD., WHEELER, OR

(10) STATIC WATER LEVEL: 14 ft. below land surface. Date 7-28-96 Artesian pressure lb. per square inch. Date

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

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 16, 32.5, < 15 GPM, 14. Row 2: 32.5, 44.5, < 100 GPM, 14. Row 3: 44.5, 63, > 400 GPM, 14.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. SAND, SAND GREY LOOSE FLOOD DEPOSIT, SAND GREY SILTY, SAND & GRAVEL SILTY, SAND & GRAVEL LESS SILT, GRAVEL GREY BRN RED W/SILT BROWN, GRAVEL & SAND SOME COBBLES, GREY BRN 2" MINUS PACKED, GRAVEL BROWN SILTY, GRAVEL COURSE BRN 8" MINUS SOME SILT SOME SAND, GRAVEL RED BRN SEMI CLEAN, GRAVEL GREY BRN 6" MINUS CLEAN LOOSE SOME SAND, GRAVEL GREY COURSE 10" MINUS CLEAN LOOSE SOME SAND, GRAVEL GREY COURSE TRACE OF SILT, GRAVEL GREY COURSE 10" MINUS SEMI LOOSE MORE SAND.

Date started 7-1-96 Completed 7-25-96

(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 [Signature] WWC Number 1487 Date 7-29-96

(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 688 Date 7-29-96

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

AUG 20 1996 WELL I.D.# L01907

(START CARD) # 90000

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____

Name CITY OF WHEELER
Address P.O. BOX 177
City WHEELER State OR Zip 97147

(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 MUNICIPAL

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 63 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Material		Casing	Liner
From	To	Slot size	Number	Diaper	Tele/pipe size		
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump Yield gal/min	<input type="checkbox"/> Bailer Drawdown	<input type="checkbox"/> Air Drill stem at	<input type="checkbox"/> Flowing Artesian Time
			1 hr.

Temperature of water _____ 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 2N N or S Range 4W E or W. WM.
Section 5 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
22095 FOSS RD., WHEELER, OR

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
ROCK BROKEN WEATHERED BLUE GREY	63	?	

Date started 7-1-96 Completed 7-25-96

(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.

Signature _____ WWC Number 1487
Date 7-29-96

(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.

Signature Steven N. Stahl WWC Number 688
Date 7-29-96