

RECEIVED

Well ID # 109269

STATE OF OREGON 50208
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

MAY 27 1997

(START CARD) # 88568

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

SALEM, OREGON

(1) OWNER: Well Number 1
Name John Nielson
Address 17175 Wilson River Hwy.
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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 296 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6	0	49	Bentonite	0	49	35
	6	49				

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	+1 1/2	44	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2	4	296	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 66 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method Drilled
 Screens Type _____

From	To	Slot size	Number	Diameter	Temp/pipe size	Casing	Liner
236	296	-	240	3/8	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
6	254	270	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 15 N or S Range 840 E or W. WM.
Section 8 SE 1/4 SW 1/4
Tax Lot 2500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date 5-18-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 11

From	To	Estimated Flow Rate	SWL
11	12	T	16
278	296	6	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Brown Clay w/ Med Gravel	1	44	
Gray Claystone	44	278	
Gray Claystone w/ Med. Gravel	278	296	16

Date started 5-7-97 Completed 5-18-97
(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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1221
Signed J. M. C. Egan Date 5-18-97