

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 01906
START CARD # W143371

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

(1) LAND OWNER Well Number 1
Name City of Wheeler
Address PO 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 NA

(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"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: Not Changed

Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-------------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Not Changed | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <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 |
|---------------|----------|---------------|-------|
| | | | 1 hr. |
| | NA | | |

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 9W 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:
16.9 ft. below land surface. 16'9" Date _____
Artesian pressure _____ lb. per square inch Date _____

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

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| | NA | | |
| | | | |
| | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---|------|----|-----|
| * | | | |
| Installed a 12x6 pitless unit on the 12" well casing | | | |
| Removed 7' of 12" casing. Added 7' combined length of 14" Barrol & pitless unit. Top of casing remains the same above ground. | | | |
| Placed 3/8" hole plug around casing as excavated. Hole was backfilled (12 ea 50lb bags) | | | |

RECEIVED
SEP 23 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7-19-02 Completed 8-23-02

(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 1578 Date 9-17-02

(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 Thomas C. Schuerman WWC Number 673 Date 9/17/02