

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

WELL I.D. # L 46966  
 START CARD # 166437

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

(1) LAND OWNER Well Number 2  
 Name Allan Schaefer  
 Address 6150 Winema Rd.  
 City Clatskanie State Oregon Zip 97112

(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 190 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	50	Bentonite	0	50	25
6	50	90	—	—	—	—
8	90	98	Cement	90	98	3
6	98	190	—	—	—	—

How was seal placed: Method  A  B  C  D  E  
 Other Placed in dry & pradded  
 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	0	98	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	10	190	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 98

(7) PERFORATIONS/SCREENS:

Perforations Method Drilled  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele-pipe size	Casing	Liner
130	190	—	240	1/4	4 1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
25	96	155	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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County Tillamook Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 5S N or S Range 11W E or W. WM. \_\_\_\_\_  
 Section 12 SE 1/4 SE 1/4  
 Tax Lot 200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:  
59 ft. below land surface. Date 9-8-04  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 43

From	To	Estimated Flow Rate	SWL
43	44	7	44
89	90	7	90
172	190	25	59

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Brown Clay	1	24	
Brown Clay + Med.	24	—	
Gravel	—	44	
Med. Gray Claystone	44	—	
w/Sm. Gravel embedded	—	190	59

**RECEIVED**

SEP 22 2004

WATER RESOURCES DEPT  
 SALEM OREGON

Date started 9-7-04 Completed 9-8-04

(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 Tommy Cully Date 9-8-04