

Amendment

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

WELL ID. # L 166968
START CARD # 166438

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

(1) LAND OWNER Well Number 1
Name Mr. & Mrs. Eric Fitzsimons
Address 12820 SE 22nd St.
City Beaverton State Oregon Zip 97008

(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 205 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	30	Bentonite	0	30	55
6	30	205	-	-	-	-

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 _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	6	42	58	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	4 1/2	5	205	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) 58

(7) PERFORATIONS/SCREENS:
 Perforations Method Drilled
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner
145	205	-	240	14	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
30	139	180	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 15 N or S Range 8 W E or W. WM.
Section 12 NE 1/4 NW 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 24725 Wilson River Hwy.

(10) STATIC WATER LEVEL:
41 ft. below land surface. Date 10-2-04
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	12
181	205	30	41

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown Clay	1	19	
Brown Clay w/Sm. Gravel	19	22	
Brown Clay	22	24	
Med. Gray Claystone w/Sm. Gravel embedded	24	205	41

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NOV 01 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 10-1-04 Completed 10-2-04

(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 1224
Signed Jerry C. Egan Date 10-2-04

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

WELL I.D. # L 166 968
 START CARD # 166 438

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

(1) **LAND OWNER** Well Number 1
 Name The Narrows Co-op.
 Address 18107 S.E Blanton
 City Milwaukie State Oregon Zip 97267

(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 205 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	30	Bentonite	0	30	55
6	35	205	-	-	-	-

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	42	58	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	5	205	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) 58

(7) **PERFORATIONS/SCREENS:**

Perforations Method Drilled
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
145	205	-	240	44	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
30	139	180	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 15 N or S Range 8W E or W. WM.
 Section 12 NE 1/4 NW 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 24725 Wilson River Hwy.

(10) **STATIC WATER LEVEL:**
41 ft. below land surface. Date 10-2-04
 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	1	12
181	205	30	41

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Brown Clay	1	19	
Brown Clay w/sm. Gravel	19	22	
Brown Clay	22	24	
Med. Gray Claystone w/	24		
Sm. Gravel embedded		205	41

RECEIVED
OCT 05 2004
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started 10-1-04 Completed 10-2-04

(unbonded) Water Well Constructor Certification:
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 Signed _____ WWC Number _____ 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.
 Signed Larry C. Eddy WWC Number 1221 Date 10-2-04