WATER SUPPLY WELL REPORT WELL I.D. # L (as required by ORS 537.765) START CARD #_ Instructions for completing this report are on the last page of this form. Till 51397 (1) LAND OWNER Well Number (9) LOCATION OF WELL by legal description: silver Sunset Ll County Tillamook Latitude_ Longitude Address 29200 HW4 101 Township_ Nor S Range _E or(W)WM. SW 1/4 Tax Lot 4500 Lot (2) TYPE OF WORK New Well 🗌 Deepening 🔲 Alteration (repair/recondition) 🔲 Abandonment Street Address of Well (or nearest address) 29200 Hwy 101 N Brighton (3) DRILL METHOD: ☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger (10) STATIC WATER LEVEL: Other_Dug 7.D ft. below land surface. (4) PROPOSED USE: Artesian pressure ___ _lb. per square inch Date ☑Domestic ☐ Community ☐ Industrial ☐ Irrigation (11) WATER BEARING ZONES: Livestock Dother Commercial ☐ Thermal ☐ Injection Depth at which water was first found (5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 10 ft. From To **Estimated Flow Rate** SWL. Explosives used Yes No Type_ 5gal/min D. 0 7.D' HOLE SEAL (12) WELL LOG: How was seal placed: Method \square B \Box C □E Ground Elevation XOther_POUVED Material Dirt Backfill placed from O Material _ ft. From To **SWL** Gravel placed from 3.5 _ft. to_[0 Rocks ft. Size of gravel_ MINU 101 7,0 (6) CASING/LINER: Aluminum Diameter Gauge Steel Plastic Welded Threaded +3,5 \Box \Box Liner: Drive Shoe used Inside Outside None Final location of shoe(s) (7) PERFORATIONS/SCREENS: Perforations Method CUHTING ☐ Screens Type . Material Slot Tele/pipe From To Number Diameter size Casing Liner 10' 150 :25 - 1 WATER RESOURCES DEPT 凶 SALEM, OREGON (8) WELL TESTS: Minimum testing time is 1 hour Date started Completed Flowing (unbonded) Water Well Constructor Certification: Pump ☐ Bailer ☐ Air ☐ Artesian I certify that the work I performed on the construction, alteration, or abandon-Yield gal/min Drill stem at Drawdown Time ment of this well is in compliance with Oregon water supply well construction to gal/min standards. Materials used and information reported above are true to the best of my landowner knowledge and belief WWC Number on Signed Date _ Temperature of water (bonded) Water Well Constructor Certification: Depth Artesian Flow Found Was a water analysis done? I accept responsibility for the construction, alteration, or abandonment work Yes By whom _ performed on this well during the construction dates reported above. All work Did any strata contain water not suitable for intended use? ☐ Too little performed during this time is in compliance with Oregon water supply well ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other construction standards. This report is true to the best of my knowledge and belief. Depth of strata: WWC Number Signed

STATE OF OREGON