

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

WELL I.D. # L 92691
START CARD # 199377

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

(1) LAND OWNER Well Number 1
Name Clowerdale Water District
Address P.O. Box 116
City Clowerdale 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 34 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	50	Bentonite	0	50	141
6	50	309				

How was seal placed: Method A B C D E
 Other Placed in dry + propped
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	7.3	251	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	9	309	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) 251

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

From	To	Slot size	Number	Diameter	Tele. pipe size	Casing	Liner
249	309	—	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
30	59	260	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 4S N or S Range 10W E or W. WM.
Section 26 NW 1/4 NW 1/4
Tax Lot 2603 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 14250 Misty Dr.

(10) STATIC WATER LEVEL:
201 ft. below land surface. Date 11-15-08
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 261

From	To	Estimated Flow Rate	SWL
261	309	30	201

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Brown Clay w/ Med.	1	—	
Boulders & Sm Gravel	—	19	
Grey Clay w/ lg. Gravel	19	4.2	
Med Grey Claystone	4.2	251	
Med. Grey Claystone w/	251	—	
Sm Gravel embedded	—	309	201

RECEIVED

NOV 18 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date started 10-27-08 Completed 11-15-08

(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 _____ 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 Fanny E. Evely WWC Number 1221 Date 11-15-08