

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

18  
Wash  
4043

RECEIVED  
AUG 11 1994

2N/5W/26dd  
60040

(START CARD) # 60040

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

(1) OWNER: Well Number 2

Name Log Cabin Inn  
Address 56901 N.W. Wilson River Hwy.  
City Gales Creek State Oregon Zip 97117

(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 Rest.

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 110 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	36	Bentonite	0	36	44
6	36	110	-	-	-	-

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	1 1/2	58 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	10	110	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 58 1/2

(7) PERFORATIONS/SCREENS:

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	110	-	240	1/2	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25	59	80	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 Washington Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2N N or S Range 5W E or W. WM.  
Section 26 SE 1/4 SE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:  
21 ft. below land surface. Date 8-2-94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 79

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Brown Clay	1	6	
Brown Clay + Lg. Gravel	6	19 1/2	
Gray Claystone w/blk embedded	19 1/2	107	21
Gray Claystone w/ Med. Gravel	107	110	21

Date started 8-1-94 Completed 8-2-94

(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 Larry C. Evey Date 8-2-94