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WASH 55434

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 18 334

START CARD # 93983

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

(1) OWNER:

Well Number

Name CLARK WILFERT
Address 21020 NW OLIVER HILL RD
City NORTH DAVENPORT State OR Zip 97133

(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 110 ft.

Explosives used ☐ Yes ☒ No Type Amount

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	31	BENTONITE	0	25	10
6"	31	110	CEMENT	25	31	7

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other

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	18"	31'	25	☒	☐	☒	☐
Liner: 4	10"	110		☐	☒	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
88	110	1/8" x 6"	12				☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
15		100	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 3W E or W. WM.
Section 9 SE 1/4 NE 1/4
Tax Lot 200 Lot Block Subdivision
Street Address of Well (or nearest address) OLIVER RD

(10) STATIC WATER LEVEL:

45 ft. below land surface. Date 10-15-99
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
80	95	15 GPM	

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Top Soil	0	1	
GRAY	1	10	
BASALT	10	32	
GRAY CLAY	32	50	
BROWN CLAY	50	80	
SAND STONE	80	110	

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-14-99 Completed 10-15-99

(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

Signed Cynthia Vandenberg Date 10-17-99

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER