

KLAM
1622

355/12E/26

6828

Well Number:

WATER RESOURCES DEPT

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other _____

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

Special Construction approval Yes No Depth of Completed Well 50 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Cement	-3	25	6 SACKS
6	25	50				25 lb BENT

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 _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+2	33 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 4/A

☐ Perforations Method _____

☐ Screens Type _____ Material _____

[illegible]☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
55		50	1 hr.

Temperature of water _____ 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: _____

RESOURCES DEPT.
COUNTY OF CLATSOP
EM, OREGON

Latitude _____ Longitude _____
Township 35S N or S, Range 12E E or W, WM.
Section 26
Tax Lot 901 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4 MILES NORTH OF HWY 140 ON GODSWA SPRINGS RD

8 ft. below land surface. Date 8-16-89

Artesian pressure _____ lb. per square inch. Date _____

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
34	40	30	
45	49	10	
49	50	15	

Ground elevation

Material	From	To	SWL
SOIL BLACK SANDY	0	1	
CLAY BROWN SANDY WITH ROCK	1	5	
CLAY BROWN (LIGHT)	5	9	
SANDSTONE DARK BROWN SOFT	9	13	
SANDSTONE BROWN MED.	13	17	
SANDSTONE DARK BROWN SOFT	17	34	
SANDSTONE BROWN WITH LARGE WHITE GRAINS	34	40	
SANDSTONE DARK BROWN	40	45	
SANDSTONE BROWN WITH LARGE WHITE GRAINS	45	49	
SANDSTONE CONGLOMERATE BROWN & WHITE	49	50	
INSTALLED SANITARY WELL SEAL AND TEMPORARILY ABANDONED TO AWAIT ARRIVAL OF WELL SCREENS			

Date started 8-15-89 Completed 8-16-89

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

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 well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] Date 8-22-89