

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL ID. # L 71292
START CARD # 170960

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

(1) LAND OWNER Well Number 1
Name State of Oregon Dept. of Forestry
Address 92219 Hwy. 202
City Astoria State Oregon Zip 97103-9732

(2) TYPE OF WORK 9732
 New Well Deepening Alteration (repair/condition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other Park (Campground)

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 164 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	30	Bentonite	0	30	28
6	30	64				

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	38 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2	4	64	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) 38 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method Drilled
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telepipe size	Casing	Liner
24	64	160	1/2	4 1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gals/min	Drawdown	Drill stem at	Time
5	36	50	1 hr.

Temperature of water 55 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 Clatsop Latitude _____ Longitude _____
Township 4N N or S Range 8W E or W. WM.
Section 24 SE 1/4 SE 1/4
Tax Lot 5300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Henry Rierson/Spruce Run Campground M.P. 5 Lower Nehalem Rd.

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 3-21-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 16

From	To	Estimated Flow Rate	SWL
16	17	7	17
46	64	5	14

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Brown Clay	1	17	
Med. Gray Claystone	17		
w/5m. Gravel embedded		64	14

RECEIVED

MAR 23 2005

WATER RESOURCES DEPT
SALEM, OREGON

Date started 3-18-05 Completed 3-21-05

(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. G... Date 3-21-05