

clat 53837

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100765

START CARD # 201153

(1) LAND OWNER Owner Well I.D. Camp Rilea #3

First Name Last Name Company Oregon Military Department Address 91204 Rilea Oregon Road City Warrenton State OR Zip 97146

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD [] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [X] Other WTP - Water Treatment Plant

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 172 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 20, 0, 19, Cement, 0, 19, 21, S. Row 2: 16, 19, 174.

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other

Backfill placed from 172 ft. to 174 ft. Material pea gravel Filter pack from 125 ft. to 172 ft. Material CSSI Size 16x30

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 16, 1.9, 136, .375, [X], [], [X]. Row 2: 10, 2.5, 142, .365, [X], [], [X]. Row 3: 10, 162, 172, .365, [X], [], [X].

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 172* Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Table with columns: Perf/S creen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: Screen, 10, 142, 162, .02, [], [], [], PS.

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 172, 40, [], 24.

Temperature 58 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) From To Description RECEIVED APR 18 2011

(9) LOCATION OF WELL (legal description)

County CLATSOP Twp 7 N N/S Range 10 W E/W WM Sec 5 SE 1/4 of the NE 1/4 Tax Lot 2700 Tax Map Number Lot Lat Long [X] Street address of well [] Nearest address

Owner's

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 04-11-2011, [], 58.

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 04-11-2011, SWL, 147, 58, 58.

(11) WELL LOG

Table with columns: Material, From, To. Rows include: Sand, tan, fine (0-18); Sand, grey & brown, fine (18-32); Sand, dark brown & black, fine (32-33); Sand, grey & brown, fine (33-83); Sand, grey & brown, fine w/mica (83-103); Sand, grey, fine w/mica (103-112); Sand, grey, fine w/some shells; silt, black, soft; mica (112-116); Sand, grey, fine w/wood & mica (116-119); Sand, grey, fine, w/some wood; shells; mica (119-148); Sand, grey, fine w/wood & shells & some claystone, grey, soft (148-162); Clay, grey & brown, medium-soft, silty (162-174); *shoe with remnant casing (167-172).

Date Started 01-25-2011 Completed 04-11-2011

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1367 Date 04-14-2011 Password: (if filing electronically) Signed [Signature]

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 649 Date 04-14-2011 Password: (if filing electronically) Signed [Signature] Contact Info (optional)

WATER RESOURCES DEPT ORIGINAL WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK SALEM, OREGON

RECEIVED MAY 31 2011 Form version: 0.89 WATER RESOURCES DEPT

WELL LABEL # L 100765

START CARD # 201153

(1) LAND OWNER Owner Well I.D. Camp Rilea #3

First Name _____ Last Name _____
 Company Oregon Military Department
 Address 91204 Rilea Oregon Road
 City Warrenton State OR Zip 97146

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other WTP

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 172 ft.

BORE HOLE			SEAL		Amt	sacks/ lbs
Dia	From	To	From	To		
20	0	19	Cement	0	19	21 S
16	19	174				

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

Backfill placed from 172 ft. to 174 ft. Material pea gravel
 Filter pack from 125 ft. to 172 ft. Material CSSI Size 16x30
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	X	1.9	136	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	X	2.5	142	.365	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		162	172	.365	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 172*
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type v-wire wrap Material 304SS

Perf/S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size
		10	142	162	.02			PS

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
172	40		24

Temperature 58 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____

RECEIVED
 APR 18 2011

(9) LOCATION OF WELL (legal description)

County CLATSOP Twp 7 N N/S Range 10 W E/W WM
 Sec 5 SE 1/4 of the NE 1/4 Tax Lot 2700

Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Owner's _____

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	04-11-2011		58

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-11-2011	SWL	147	see (8)		58

(11) WELL LOG

Material	From	To
Sand, tan, fine	0	18
Sand, grey & brown, fine	18	32
Sand, dark brown & black, fine	32	33
Sand, grey & brown, fine	33	83
Sand, grey & brown, fine w/mica	83	103
Sand, grey, fine w/mica	103	112
Sand, grey, fine w/some shells; silt, black, soft; mica	112	116
Sand, grey, fine w/wood & mica	116	119
Sand, grey, fine, w/some wood; shells; mica	119	148
Sand, grey, fine w/wood & shells & some claystone, grey, soft	148	162
Clay, grey & brown, medium-soft, silty	162	174
*shoe with remnant casing	167	172

Date Started 01-25-2011 Completed 04-11-2011

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1367 Date 04-14-2011
 Password : (if filing electronically) _____
 Signed _____


(bonded) Water Well Constructor Certification

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License Number 649 Date 04-14-2011
 Password : (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

Camp Rilea Water Wells

Legend

 CLAT

Tank Hill Rd

 CLAT 53837

RECEIVED

OCT 10 2024

OWRD

 CLAT 53838

Gunline Rd

 CLAT 52187

Google Earth

Image © 2024 Airbus



500 ft