

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100764

START CARD # 201154

(1) LAND OWNER Owner Well I.D. Camp Rilea #2

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 157 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 20, 0, 19, Cement, 0, 19, 31, S

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

Backfill placed from 157 ft. to 159 ft. Material pea gravel Filter pack from 116 ft. to 157 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, 2.4, 126, .375, [X]

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 159* Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Screens Type v-wire wrap Material 304SS

Table with columns: Perf/Sreen, Casing/ Liner, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: Screen, 10, 132, 147, .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: 142, 32, 24

Temperature 58 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description

(9) LOCATION OF WELL (legal description)

County CLATSOP Twp 7 N N/S Range 10 W E/W WM Sec 5 NE 1/4 of the NE 1/4 Tax Lot 2700 Tax Map Number Lot Lat Long 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, 50

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 04-11-2011, SWL, 147, see CF, 50

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Rows include Sand, brown, medium-fine; Sand, grey & brown, fine; Sand, brown, fine-medium w/shells; Silt, black, firm; Sand, brown, fine-medium w/shells; Sand, black, fine-medium w/shells; Shells w/sand, grey, fine; Sand, grey, fine w/some shells & mica; Sand, grey, fine w/shells, some gravel, 1/2"- & clay, grey, hard; Clay, grey, soft-medium & wood & gravel, 1"; Clay, grey, soft-medium & wood; Clay, brown & grey, soft, sandy; *shoe with remnant casing

Date Started 01-14-2011 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)

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STATE OF OREGON

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(1) LAND OWNER Owner Well I.D. Camp Rilea #2

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 157 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	19	Cement	0	19	31	S
16	19	159					

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

Backfill placed from 157 ft. to 159 ft. Material pea gravel
 Filter pack from 116 ft. to 157 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 type="checkbox"/>	16	<input checked="" type="checkbox"/>	2.4	126	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	2.9	132	.365	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	147	157	.365	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 159*
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

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

Perf/S	Casing/Screen	Screen	Liner	Dia	From	To	Scrns/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size		
		10	132	147	.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)
142	32		24

Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLATSOP Twp 7 N N/S Range 10 W E/W WM
 Sec 5 NE 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		50

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-11-2011	SWL	147	see (8)		50

(11) WELL LOG

Material	From	To	Ground Elevation
Sand, brown, medium-fine	0	18	
Sand, grey & brown, fine	18	92	
Sand, brown, fine-medium w/shells	92	98	
Silt, black, firm	98	100	
Sand, brown, fine-medium w/shells	100	102	
Sand, black, fine-medium w/shells	102	108	
Shells w/sand, grey, fine	108	111	
Sand, grey, fine w/some shells & mica	111	147	
Sand, grey, fine w/shells, some gravel, 1/2"- & clay, grey, hard	147		149
Clay, grey, soft-medium & wood & gravel, 1"	149	152	
Clay, grey, soft-medium & wood	152	156	
Clay, brown & grey, soft, sandy	156	159	
*shoe with remnant casing	153	159	

Date Started 01-14-2011 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

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 Stephen A. Schmidt
 Contact Info (optional) _____

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APR 18 2011

Camp Rilea Water Wells

Legend

 CLAT

Tank Hill Rd

 CLAT 53837

 CLAT 53838

Gunline Rd

 CLAT 52187

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OCT 10 2024

OWRD

Google Earth

Image © 2024 Airbus



500 ft