

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

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AUG - 4 1988

5A/3W-9dd

(1) OWNER: Well Number: _____
 Name COLUMBIA COUNTY PARKS
 Address _____
 City ST HELENS State OR Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other PARK USE

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 180 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds		
Diameter	From To	Material	From To			
10	0	40	CEMENT	0	40	15
6	40	180				

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"	0	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	30	180		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	180	1/4	30			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 20 Drawdown _____ Drill stem at 180 Time 1 Thr.

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: _____

(9) LOCATION OF WELL by legal description:
 County COLUMBIA Latitude _____ Longitude _____
 Township 5 N or S, Range 3 E or W, WM.
 Section 9 SE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) C-5866 PARKWAY
CAMP WILKINSON STATION ORIG

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date 7-15-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
160	180	20	60

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
RED CLAY	2	40	
RED CLAY	2	35	
SAND STONE	35	80	
BASALT	80	90	
SAND STONE	90	100	
AYERS SAND STONE	100	180	60

Date started 7-13-88 Completed 7-16-88

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____
 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 660
 Date 7-23-88