

NOV 09 1989

COLU
159

4N/2W/36db
15849

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.785)

WATER RESOURCES DEPT
SALEM, OREGON

(START CARD) #

(1) OWNER:
Name Scappoose - St. Helens Seventh Day Adventist Church Well Number _____
Address P.O. Box 899
City Scappoose State OR Zip 97056

(9) LOCATION OF WELL by legal description:
County Col Latitude _____ Longitude _____
Township 4N Nor S. Range 2W E or W, WM.
Section 36 NW ¼ SE ¼
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 52487 Columbia River Hwy, Scappoose

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

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 10-31
Artesian pressure _____ lb. per square inch. Date _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 53'

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

From	To	Estimated Flow Rate	SWL
<u>53</u>	<u>90</u>	<u>18</u>	<u>50</u>

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 90 ft.
Explosives used Yes No Type _____ Amount _____

(12) WELL LOG: Ground elevation _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>18</u>	<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>9</u>
<u>6</u>	<u>18</u>	<u>90</u>				

Material	From	To	SWL
<u>FILL</u>	<u>0</u>	<u>2</u>	
<u>SOIL</u>	<u>2</u>	<u>4</u>	
<u>BRN CLAY</u>	<u>4</u>	<u>12</u>	
<u>BLUE CLAY</u>	<u>12</u>	<u>16</u>	
<u>TAN CLAY</u>	<u>16</u>	<u>24</u>	
<u>SAND + GRAVEL</u>	<u>24</u>	<u>90</u>	<u>50</u>

How was seal placed: Method A B C D E
 Other POURED
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Date started 10-30 Completed 10-31

(6) CASING/LINER:
Casing: Diameter 6 From 4 1/2 To 90 Gauge 350 Steel Plastic Welded Threaded
Liner: _____

Final location of shoe(s) 90

(7) PERFORATIONS/SCREENS: none
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 18 Drawdown _____ Drill stem at 90 Time 1 hr.

(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 _____

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: _____

(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 Dan Feakin WWC Number 775
Date 11-7-89