

WATER WELL REPORT
STATE OF OREGON

COLU 2579

AUG 10 1987

State Well No. 8W/3W-192

State Permit No. _____

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name JOHN MONTGOMERY
Address 80489 FISH STATION ROAD
City CLATSkanie State OR. 97016

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air ☒ Driven ☐ Domestic ☒ Industrial ☐ Municipal ☐
Rotary Mud ☐ Dug ☐ Irrigation ☐ Test Well ☐ Other ☐
Cable ☐ Bored ☐ Thermal ☐ Withdrawal ☐ Reinjection ☐

(4) PROPOSED USE (check):

(5) CASING INSTALLED:

Steel ☒ Plastic ☐
Threaded ☐ Welded ☒

6" Diam. from 1 ft. to 46 1/2 ft. Gauge 25.0
" Diam. from _____ ft. to _____ ft. Gauge _____

LINER INSTALLED:

" Diam. from _____ ft. to _____ ft. Gauge _____

(6) PERFORATIONS:

Perforated? ☐ Yes ☐ No

Type of perforator used _____

Size of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☐ No If yes, by whom?

_____ gal./min. with _____ ft. drawdown after _____ hrs.

Air test 25 gal./min. with drill stem at 291 ft. 1 hrs.

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow _____ g.p.m.

Temperature of water 52° Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes ☐ No ☒

Well seal—Material used CEMENT GROUT

Well sealed from land surface to 46 1/2 ft.

Diameter of well bore to bottom of seal 10 in.

Diameter of well bore below seal 6 in.

Number of sacks of cement used in well seal 14 sacks

How was cement grout placed? PUMPED THROUGH 1"

GROUT PIPE FROM BOTTOM TO SURFACE

Was pump installed? NO Type _____ HP _____ Depth _____ ft.

Was a drive shoe used? ☒ Yes ☐ No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of Water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? ☐ Yes ☐ No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County COLUMBIA Driller's well number _____

NE 1/4 SE 1/4 Section 19 T. 8N R. 3W W.M.

Tax Lot # _____ Lot _____ Blk _____ Subdivision _____

Address at well location: NONE

(11) WATER LEVEL: Completed well.

Depth at which water was first found 284 ft.

Static level 201 ft. below land surface. Date 7-15-87

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 6"

Depth drilled 306 ft. Depth of completed well 304 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
CLAY LIGHT BROWN	0	20	0
ROCK BROWN	20	24	
SHELL BROWN	24	32	
ROCK BROWN	32	38	
BASALT DARK GRAY	38	56	
BASALT LIGHT GRAY	56	109	
ROCK WEATHERED LIGHT BROWN	109	116	
BASALT DARK GRAY	116	140	
BASALT LIGHT BROWN	140	151	
BASALT DARK GRAY	151	158	
BASALT LIGHT GRAY	158	187	
BASALT LIGHT GRAY HARD	187	239	
CLAYSTONE GRAY	239	269	
BASALT DARK GRAY	269	284	0
BASALT DARK GRAY WATER	284	291	201
BASALT LIGHT GRAY	291	306	201

Work started 7-13, 1987 Completed 7-15 1987

Date well drilling machine moved off of well 7-15 1987

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] RON EDELL Date _____, 19____
(Drilling Machine Operator)

Drilling Machine Operator's License No. _____

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name RON EDELL PUMP & WELL DRILLING
(Person, firm or corporation) (Type or print)

Address P.O. BOX 625 CASTLE ROCK, W.A. 98611

[Signed] Ron Edell (Water Well Contractor)

Contractor's License No. 515 Date JULY, 16, 1987

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

SP*12658-690

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

RECEIVED

COLU 2579

31490

MAR 01 1999

WELL IDENTIFICATION APPLICATION FORM

WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: JOHN J + BARBARA A. MCBURNEY

Mailing Address: 80184 ALSTON MAYGER RD. CLATSKANIE, OR 97016

City: CLATSKANIE State: OR Zip: 97016 Phone: () _____

WELL LOCATION:

County: COLUMBIA Owner's Well Number: _____

Township: 8 (N) or S, Range: 3 E or (W) Section: 19 1/4 1/4

Tax Lot Number: 05-10-1-8319-040-00301 Type of Well: water supply ☒ monitoring _____

Street Address of Well (if different from above): _____

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310