

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

NOV - 1995

(1) OWNER:

Name Glen Nelson
Address 74945 Dean Rd
City Rainier State OR Zip 97018

Well Number: 2-39

(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

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 215 ft.
Explosives used ☐ Yes ☒ No ☐ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	30	Cement	0	30	12.5 sacks
6"	30	215				

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	136	250	☒	☐	☒	☐
Liner:	4 1/2"	115	215	250	☐	☒	☒	☐

Final location of shoe(s) 136'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw
☐ Screens Type A Material 4

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135	215		30			☐	☒

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

☒ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
Air 4 1/2		215	1 hr.

Temperature of water 50° 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 7 N or S Range 2 East W, W.M.
Section 19 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 74945 Dean Rd
Rainier OR 97018

(10) STATIC WATER LEVEL:

140 ft. below land surface. Date 9-25-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found	From	To	Estimated Flow Rate	SWL
	138	168	5	140
	168	205	5	140

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Clay Brown	2	20	
Clay Reddish Brown	20	30	
Clay Brown	30	40	
Claystone Brown	40	80	
Claystone light brown	80	90	
Claystone Brown	90	95	
Clay light brown	95	98	
Clay Grey	98	126	
Clay Blackish Grey	126	134	
Clay Brown	134	138	
Claystone Brown	138	140	
Rock Black 1/2 clay	140	155	140
Rock Fractured	155	158	"
Rock Blackish GR Mch	158	168	"
Rock Blackish GR Mch	168	185	"
Clay Grey	185	190	"
Rock Black Fractured	190	205	"
Sandstone Grey	205	215	"

Date started 10-15-95 Completed 10-25-95

(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.

WWC Number _____

Signed _____ 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.

WWC Number 1205

Signed Ken Grogg Date 10