

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

**COLU**  
**3548**

MAY 17 1989

4N/2W/18E  
 9951

WATER RESOURCES DEPT. (START CARD) # \_\_\_\_\_

(1) OWNER: \_\_\_\_\_ Well Number: \_\_\_\_\_  
 Name **WES WestLond**  
 Address **57495 Cedar CR Rd**  
 City **Scappoose** 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 \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval Yes  No     Depth of Completed Well **100** ft.  
 Yes No    
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	28	Cement	0	280	14
6"	28	100				

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
6"	1	75		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:							

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump     Bailer     Air     Flowing Artesian  
 Yield gal/min    Drawdown    Drill stem at    Time  
**50 gpm**       **100 FT**    **1 hr.**

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 **Col** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township **T4N** N or S, Range **2W** E or W, WM.  
 Section **18NW** ¼ **NE** ¼  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **57495 Cedar CR Rd**  
**Scappoose**

(10) STATIC WATER LEVEL:  
**20** ft. below land surface. Date **7 May 89**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found **90'**

From	To	Estimated Flow Rate	SWL
<b>90</b>	<b>95</b>	<b>50 gpm</b>	<b>20</b>

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
<b>Shale clay</b>	<b>0</b>	<b>15</b>	
<b>Sand sta</b>	<b>15</b>	<b>20</b>	
<b>Gravel</b>	<b>20</b>	<b>23</b>	
<b>Sand Stone</b>	<b>23</b>	<b>100</b>	

Date started **3 May 89** Completed **5 May 89**

(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 **160**  
 Signed **M. McMillen** Date **5-15-89**