

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

COLO 357

APR 03 1991

4N/2W/16 CC
 29310

(START CARD) #

(1) OWNER: Richard L. Johnson Well Number: _____
 Name _____
 Address 160 Belton Road
 City St. Helens State OR Zip 97051

WATER RESOURCES DEPARTMENT
SALE (9) LOCATION OF WELL by legal description:

County Columbia Latitude _____ Longitude _____
 Township 4N N or S. Range 2W E or W. WM. _____
 Section 16 SW 1/4 SW 1/4
 Tax Lot 2700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Scappoose - Vernonia Hwy, Scappoose

(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 145 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Cement + Bentonite	0	18	5
6	18	145				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	1	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4	5	140		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheet(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method DRILL
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135	145		4	5/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
22		125	1 hr.

Temperature of water 51 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: _____

(10) STATIC WATER LEVEL:

36 ft. below land surface. Date 4-2-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 70

From	To	Estimated Flow Rate	SWL
70	75	8	70
130	145	14	70

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Boulders + Clay	0	9	
Brown Clay	9	12	
Blue Clay	12	14	
Blue Clay Stone	14	32	
Brown/Grey Claystone	32	70	
Grey Shale, Diced	70	75	70
Blue/Grey Claystone	75	130	
Blue/Green Claystone	130	145	70

Date started 4-2-91 Completed 4-2-91

(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 715
 Signed Don Feakui Date 4-2-91