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STATE OF OREGON

WATER WELL REPORT 3753 SEP - 7 1989 JUL 24 1989 (START CARD) # 11603

(as required by ORS 537.765)

WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number

Name Columbia county park

Address

City St. Helens State OR Zip 97051

(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 ____ ft.

Explosives used Yes ☐ No ☐ Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	0	18	Cement	0	18	8
6	18	140				

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	+1	40	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 40

(7) PERFORATIONS/SCREENS:

☐ Perforations Method ____

☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15		130	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 3W E or W, WM.

Section 7 NE ¼ SE ¼

Tax Lot ____ Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) Scaponia Park

Scappose Vernonia Hwy Scappose OR

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 6-22-00

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	140		30

(12) WELL LOG: Ground elevation ____

Material	From	To	SWL
Blue clay	0	34	
Sand Stone	34	140	30

Date started June 21 Completed June 22

(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 606

Signed [signature] Date 7-25-89

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