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

50066 MAR - 8 1996

(START CARD) # 86694

Instructions for completing this report are on the last page of the WATER RESOURCES DEPT. FORM

SALEM, OREGON

(1) OWNER: Well Number _____
Name JEFF & MICHELLE TIMBERMAN
Address 33284 HILLCREST DRIVE
City SCAPPOOSE State OR Zip 97056

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 330 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	292	BENTONITE	0	40	23 sacks
			CEMENT	40	60	6 SKS.
			DRILL GEL	60	235	
			CEMENT	235	292	15 SKS.

How was seal placed: Method A B C D E
 Other POURED INTO ANNULAR
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6"	+1	292	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 60 Drawdown _____ Drill stem at 260 Time 1 hr.

Temperature of water 50 F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 330-345'

(9) LOCATION OF WELL by legal description:
County COLUMBIA Latitude _____ Longitude _____
Township 3N N or S Range 2W E or W. WM.
Section 24 NW 1/4 NW 1/4
Tax Lot 260 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 33284 HILLCREST DRIVE

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 03/05/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 302

From	To	Estimated Flow Rate	SWL
302	330	60 GPM	154

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown silty clay	1	6	
Fine brown muddy sand	6	58	
Soft gray silty clay	58	79	
Sticky gray clay	79	121	
Firm dk. gray claystone	121	125	
Sticky gray-brown clay	125	131	
Soft decomp. brown basalt	131	147	
Sticky red-brown clay	147	211	
Soft decomp. brown basalt	211	238	
Firm decomp. brown basalt	238	255	
Soft brown basalt	255	273	
Sticky lt. brown clay	273	285	
Firm brown basalt	285	292	
Hard gray-black basalt	292	345	154
WELL BORE CEMENTED (3 sks. cement)	345	330	

Date started 02/21/96 Completed 03/05/96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1266
Signed _____ Date 03/06/96