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LD8336

(1) OWNER: Well No. 5
Name MEANS NURSERY
Address 27400 NW ST HELENS ROAD
City PORTLAND St OR Zip 97212

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY AIR

(4) PROPOSED USE: DOMESTIC

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO _____ Depth of Compl. Well 140 ft
Explosives used NO _____ Type _____ Amount _____
MOLE SEAL
Diam. From To Material From To Amount
12 0 18 CEMENT 0 18 25 SACKS
8 18 140 _____

Seal placement method C
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(6) CASING/LINER:
Casing 8 +1 140 _____ STEEL WELDED
Liner _____
Final Location of shoe(s) 140

(7) PERFORATIONS/SCREENS:
[] Perf. Method _____
[] Screens Type _____ Material _____
From To Slot Number Diam. Tele/pipe Casing/liner
Size

(8) WELL TESTS: Minimum testing time is 1 hour
Test type AIR
Yield GPM Draw-down Drill stem at Time
125 _____ 140 1 hr.
Temperature of water 52 Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County COLUMBIA Lat. ' ' " Long. ' ' "
Township 3 N Range 2 W WM.
Section 24 NE 1/4 NW 1/4
Tax Lot 0600 Lot Block Subdivision
Street Address of Well (or nearest Address)
HIGHWAY 30 SCAPPOOSE, OR 97056

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 10/31/96
Artesian pressure _____ lb per square in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 10
From To Est Flow Rate SWL
130 140 125 10
130 80 10-20 10
10 80 5-10 10

(12) WELL LOG:
Material Ground elevation From To SWL
TOP SOIL FILL LOAM 0 3
SAND, SILT, GRAVEL 3 80 10
GRAVEL SAND 80 130
GRAVEL CLEAN 130 140
RECEIVED
NOV 19 1996
WATER RESOURCES DEPT.
SALEM, OREGON
Date started 10/20/96 Completed 10/31/96

(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 my best knowledge and belief.
Signed _____ WWC Number _____
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.
Signed A. McNeill WWC Number 1480
Date 11/17/96