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WELL ID # L02824

STATE OF OREGON
WATER SUPPLY WELL REPORT

JAN 21 1997

(START CARD) # 96751

(as required by ORS 537.765)

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

(1) OWNER: Well Number _____
Name MELVIN OLSON
Address 6137 BARGER RD.
City ST. HELENS State OR Zip 97051

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County COLUMBIA Latitude _____ Longitude _____
Township 5N N or S Range 2W E or W. WM.
Section 25 NW 1/4 SW 1/4
Tax Lot 1501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6137 BARGER RD.
ST. HELENS, OR

(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 _____

(10) STATIC WATER LEVEL:
162 ft. below land surface. Date 01/15/97
Artesian pressure _____ lb. per square inch. Date _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 545 ft.
Explosives used Yes No Type _____ Amount _____

(11) WATER BEARING ZONES:
Depth at which water was first found 495

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	115	Cement/Bent	0	115	70 SKS.
10	115	466	Cement/Bent	115	466	40 SKS. + GEL
8	466	545				

From	To	Estimated Flow Rate	SWL
495	520	400	162
520	545	100+	162

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 _____

(12) WELL LOG:
Ground Elevation _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8"	+2	466	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"/>

Material	From	To	SWL
Red & red-brown clay, sticky	0	40	
Brown clay & rotten rock	40	90	wb
Gray-brown basalt, weathered	90	100	
Yellow-brown clay, sticky	100	110	
Gray-brown basalt, weathered	110	115	
Gray-brown basalt, firm,	115	210	
occ. brown			
Gray & gray-brown basalt,	210	240	
creviced			
Gray & gray-black silty clay-	240	495	
stone, brittle, occ. silty sandstone	stks.		
Gray-black cemented gravel,	495	520	162
(conglomerate)			
Gray coarse grained sandstone	520	535	
Gray-black cemented gravel,	535	540	
(conglomerate)			
Gray coarse grained sandstone	540	545	162

(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"/>

Date started 12/26/96 Completed 01/15/97

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
500+ _____ 500-545 1 hr.
350 _____ 300 :

(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.

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 PERCHER
Depth of strata: 40-90 SWL @ 20'

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 573
Signed _____ Date 01/16/97