

colu
50466

RECEIVED

L12936

JUN 30 1997

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 099614

Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPT.

(1) OWNER: Well Number _____
Name CEDAR TREE MOBILE PARK
Address C/O MELVIN OLSON, 6137 BARGER RD.
City ST. HELENS State OR Zip 97051

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	20	Cem./Bent.	0	20	4 SKS W/GEL
10"	20	67	Cem./Bent.	20	67	7 SKS W/GEL
6"	67	400	Cem./Bent.	180	400	15 SKS W/GEL

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: 8"	+2	67	.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 1/2" I.D. @ 67'

(7) PERFORATIONS/SCREENS:

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 30 Drawdown _____ Drill stem at 180 Time 1 hr.

Temperature of water 53°F 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:
SALEM, OREGON
County COLUMBIA Latitude _____ Longitude _____
Township 3N N or S Range 2W E or W. WM.
Section 2 NE 1/4 SE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) VERNONIA RD.
SCAPOOSE, OR

(10) STATIC WATER LEVEL:
61 ft. below land surface. Date 06/24/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 95

From	To	Estimated Flow Rate	SWL
95	175	5 GPM	61
175	179	25 GPM	61

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown silty sand	0	4	
Brown sand & gravel w/boulders	4	16	
Gray-brown sand&gravel,cement	16	21	
Black basalt&gray clay, mixed	21	40	
Brown&gray-brown,boulders,occ	40	50	
gravel w/clay cementing			
Gray-brown basalt,hard,occ.	50	95	
gray-black			
Black basalt,hard,occ.frac.	95	126	61
Gray-black basalt,hard,frac.	126	175	"
Gray-black basalt, broken	175	179	"
Blue & gray claystone,sticky	179	210	61
Gray claystone, siltstone,	210	300	
occ. sandstone			
Gray claystone & siltstone	300	400	
occ. shale			
NOTE:LOWER HOLE ABANDONED	400	180	
Grouted w/15 SKS. cement/bentonite			

Date started 06/18/97 Completed 06/24/97

(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 573
Signed _____ Date 06/25/97