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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # 123437
START CARD # 111377

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

(1) OWNER: Well Number 4
Name Warren Water Association
Address P.O. Box 1014
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 380 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From To	Material	From To	To	Stacker pounds	
12	0 21	Bentonite	0 21	12		
9 1/2	21 351	Cement	335 352	352	6	
7 1/2	351 380					

How was seal placed: Method A B C D E
 Other Tamped
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"	1 1/2" 351 352		<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) 351

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>250</u>		<u>360</u>	<u>1 hr.</u>

Temperature of water 55 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom WFR Lab
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other Iron
Depth of strata: 20'-127'-285'307'

(9) LOCATION OF WELL by legal description:
County Columbia Latitude _____ Longitude _____
Township 4 N or S Range 2 E or W, WM.
Section 24 NW, 1/4 NW, 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1,400' West of Hazen Rd.
1,100' North of Church Rd.

(10) STATIC WATER LEVEL:
90 ft. below land surface. Date 6-18-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 90'

From	To	Estimated Flow Rate	SWL
25 127	127 138	<u>40</u>	<u>90</u>
<u>285</u>	<u>307</u>	<u>200</u>	<u>90</u>
<u>360</u>	<u>375</u>	<u>250</u>	<u>90</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	83	
Gravel	83	90	
Gravel & Tan Clay	90	127	
Brown Broken Basalt	127	170	90
Gray Broken Basalt	170	182	
Gray Basalt	182	185	
Multicolored Broken Basalt	185	209	
Gray Clay	209	210	
Multicolored Broken Basalt	210	345	90
Brown & Gray Basalt	345	360	
Brown & Gray Broken Basalt	360	375	90
Brown & Gray Basalt	375	380	

Date started 5-28-98 Completed 6-18-98
(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.
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 [Signature] WWC Number 1679 Date 6-30-98