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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. # L. 25367
START CARD # 116864

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

(1) OWNER: Well Number _____
Name CEDAR TREE MOBILE PARK
Address 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 147 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	28	Cement	0	28	9 SKS w/gel
10	28	53	Cement	43	53	2 SKS w/gel
7	53	147				

How was seal placed: Method A B C D E
 Other

Backfill placed from 28 ft. to 43 ft. Material Bent. chips
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	+2	53	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) 71" ID @ 53'

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Method		Material	
From	To	Slot size	Number	Type	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
15		145	1 hr.

Temperature of water 53°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: _____

(9) LOCATION OF WELL by legal description:
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) 32905 VERNONIA HWY.
SCAPOOSE, OR

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 09/02/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 55

From	To	Estimated Flow Rate	SWL
55	100	3 GPM	21
100	147	12 GPM	21

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown sandy soil, occ. rock	0	5	
Brown sand & gravel, with	5	23	
semi-cemented w/boulders			
Black basalt, fractures	23	38	
Black basalt, occ. frac.	38	147	21
occ. broken streaks			

Date started 08/31/98 Completed 09/02/98

(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.
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 09/04/98