

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

COLUMBIA
51239

WELL ID # **L35181**

(START CARD) # **W125721**

(1) OWNER:

Well Number: **1**

Name **Rushmer, Eric**

Address **23614 Evergreen Road**

City **Clatskanie** State **OR** Zip **97016**

(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 **122** ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	38	Bentonite	0	6	3 Sacks	
6	38	122	Cement	6	38	10 Sacks	

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:	6	+2.4	38.1	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4.5	22	122		☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) **38.1**

(7) PERFORATIONS/SCREENS:

☒ Perforations Method **Saw**
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
81	121	3/8x6	16			☐	☒
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75	82	121	1 hr.

Temperature of Water **13c** 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:

County **Columbia** Latitude _____ Longitude _____
Township **7N** N or S. Range **3W** E or W. of WM.
Section **17** NW 1/4 NE 1/4
Tax lot **01000500** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **23614 Evergreen Road**
Clatskanie, Oregon

(10) STATIC WATER LEVEL:

39 ft. below land surface. Date **10/26/99**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **76 feet**

From	To	Estimated Flow Rate	SWL
76	82	11	39
82	102	4	39
102	122	60	39

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay brown	2	7	
Clay orange-brown	7	17	
Basalt rock slightly fractured	17		
med-hard		24	
Basalt rock blue-black hard	24	49	
Basalt rock black hard	49	76	
Basalt rock black fractured	76		
med-hard		122	

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**WATER RESOURCES DEPT.,
SALEM, OREGON**

Date started **10/26/99** Completed **10/26/99**

(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 **1646**
Date **11/3/99**

(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  WWC Number **1224**
Date **11/3/99**