

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

WELL I.D. # 44949
 START CARD # 126454

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

(1) OWNER: Well Number 2-01
 Name City of Scappoose
 Address 33568 E. Columbia Av
 City Scappoose State OR Zip _____

(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 Test well

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 190 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	19	Cement	0	19	15 B495
8	19	170				
6	170	220				

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	+1	170	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	+2	170		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 170

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
190	180	20		5.5	5.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180	170	30		5.5	5.5	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100+		170	1 hr.

Pump Bailer Air Flowing Artesian

Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Col Latitude _____ Longitude _____
 Township 2N N or S Range 1W E or W. WM.
 Section 7 SW 1/4 NW 1/4
 Tax Lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) End of Miller St Scappoose

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 16 March
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
8	190	100+	8

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
clay Brown	0	11	
gravel clay Brown	11	14	
clay Blue	14	30	
gravel sand Brown	30	58	
gravel sand green	58	80	
gravel sand	80	110	
gravel sand	110	120	
gravel	120	135	
gravel sand	135	140	
gravel lite sand	140	160	
gravel clean	160	195	
clay Blue gravel	195	210	
clay Blue	210	20	
Boulders & cobbles	60	70	

Date started 9 March Completed 16 March

(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 _____
 Signed A. McMiller Date _____

WATER RESOURCES DEPT

SALEM, OREGON

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER



MAR 20 2001