52290 COLU

## **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.

COLU

Received Date: 07-21-2003

57285

Well ID Tag # L

Start Card # 147401

(1) Owner Well Number: 3		(9) Location of Hole by legal description		
Name: MAC NELSON			ongitude:	
GREEN MEADOWS MOBILE HOME PARK Street: PO BOX 645		Township: <b>3.00 N</b> Range: <b>1.00 W</b>		
City: SCAPPOOSE State: OR Zip Code: 97	056		lock:	
(2) Type of Work  X New Alter (Recondition) Alter (Repair)  Deepening Abandonment		Tax Lot: 400 Subdivision:  Street Address of Well (or nearest address):  34411 GREEN MEADOW WAY SCAPPOOSE OR 97056  MAP, with location identified, must be attached.		
(3) Drill Method		(10) Static Water Level		
X Rotary Air Rotary Mud Cable Aug Other: UNDERREAMER SYSTEM	ger	Feet below land surface: 9.00 Date: 05 / 24 / 2003 Artesian Pressure: Date:		
(4) Proposed Use  Domestic X Community Industrial Irrigation Livestock Thermal Other:	(11) Water Bearing Zones  Depth at which water was first found:  From To est Flow swl  8 14 7 8			
(5) Bore Hole Construction		67 78 60 9 78 84 40 9		
Special Standards: Depth of completed well: <b>84.00 ft.</b>		(12) Well Log Ground Elevation:		
Explosives Used: Amount: Type:  Hole Seal		<u> </u>	om To swl	
	Sacks/lbs		0 4	
10 0 22 BC 0 8	7	SM-MD GRAVEL, COBBLES & BLDRS	4 14 8	
8 22 85 CE 8 24	9	TAN PLASTIC CLAY & GRAVEL	14 17	
			17 19	
			19 26	
How was seal placed? C Other: POURED			26 64 9 64 67	
Back fill placed from: Material: Filter pack from: Size:			67 78 9	
(6) Casing / Liner			78 84 9	
• •	Shoe Shoe			
Liner Diameter From To Gauge Mtrl Weld Thrd	at used			
C 6 -1 83 .250 S X	83 In			
(7) Perforation / Screens				
Perforations: Csng/ -	N d a the a al			
Mtrl From To Width Height #Slots Dia. t/pSize Lnr  Screens:  Mtrl From To S Size #Slots Dia. t/pSize Type Gau	Method			
(8) Well Tests (Minimum testing time is one hour)		 		
Type Yield Units Drawdown Stem at Duration		'	d: 05 / 24 / 2003	
		(unbonded) Water Well Constructor Certification: I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.  Signed by:  WWC #:		
•		(bonded) Water Well Constructor Certification:		
by whom?  Did any strata contain water unsuitable for use?  Muddy  Odor  Colored other:	Salty	I accept responsibilty for the construction, alteration, or abar performed on this well during the construction dates report performed during this time is in compliance with Oregon we standards. This report is true to the best of my knowledge	ed above. All work ell construction	
Depth of strata:	_	Signed by: THOMAS R DANNISON JR OF 1  TURNER WELL DRILLING	WWC #: <b>1679</b> Phone: <b>503-543-8383</b>	
Dept. of office.	Page 1	of 1 TORNER WELL DRILLING	1 HUHE. 303-343-8383	